



Regular Membership Application Form

* Indicates mandatory field

1. Company Details

Company Registration Name *

Trading As

Company Registration No. *

Address (for certificates)*

Address Line 1:

Address Line 2:

Town:

County:

Eircode/Postcode:

Country:

Company Email

Business Category

2. Primary Account Contact

Primary Account Contact Name (Block Capitals) *

Primary Account Title/Position

Primary Account Phone No. *

Primary Account Email *



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3. CEO Contact

CEO Contact Name (If different from Primary Account Contact)

CEO Contact Phone No.

CEO Contact Email

4. Training and Statistical Contact

Statistical Contact Name (If different)

Statistical Contact Phone No.

Statistical Contact Email

Multiple Premises?

Yes

No

If YES, please specify how many:

5. Billing Information

Company Name *

Company Address *

Address Line 1:

Address Line 2:

Town:

County:

Eircode/Postcode:

Country:

VAT no *

Will Invoices require a PO number?

Yes

No

Invoice to be sent by

Post

Email

Do you require Repak to complete supplier registration forms?

Yes

No

If Yes please email these documents along with your completed application to register@repak.ie



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6. Finance Contact

Finance Contact Name (If different)

Finance Contact Phone No.

Finance Contact Email

Do you have a VAT 56B form?

Yes

No

In signing this document you agree to start the process of joining Repak and will fully comply with the Repak Scheme Rules, including any amendments made from time to time.
(The scheme rules are available on repak.ie)

I hereby agree to Repak's Scheme Rules *

Main Contact Signature *

Date: *

Please return a completed copy of this application to either register@repak.ie or to the Account Manager you have been in contact with.