FAX to MarkLines Co., Ltd.: +81 3 5785 1370

_____/_____/_____
Day Month Year

MarkLines Information Platform Membership Application Form
2 Accounts

Applicant Information:

Company Name (Official):_____

Address:_____ City:_____

State/Prov./Shire:_____ Country:_____ Postal Code:_____

Tel:_____ Fax:_____ Homepage:_____

Annual Fee: 75,000 Peso

Payment Terms: After receipt of invoice you will remit the fee

(Please check) **[ ]within 30days [ ]within 60days [ ]others(the payment will be made by ____/____/20____)**

(Payment by) **[ ] EFT (Bank Transfer) [ ] COMPANY CHECK**

How did you learn about MarkLines' "Information Platform"? (Please circle)

1. MarkLines' Sales Person
2. MarkLines' Sales Partner Company Name_____
3. Friends/ Acquaintance Recommendation
4. Others _____

<Important> Please read the following notes carefully:

* Cancellation: If your company does not wish to continue the following period, you must inform MarkLines in writing at least 3 months prior to the last day of your subscription. MarkLines agrees to send an e-mail reminder notice in advance of your subscription being renewed. If we do not receive your written notice, the contract will be automatically renewed for another 12 months and continue with the previous conditions.

* Extent of User: Use of this service shall be limited to the company that is stated and the user(s) within the country/countries listed on this application form. In order for any of the applicant's affiliated companies, subsidiary companies, foreign branches, or foreign representative offices to make use of the service, they each must complete a separate application. (Article 4 of the Regulation on Group Use of Information Platform)

* Please keep this application form for your reference.

Acknowledgement & Acceptance of Contract:

I agree to all the terms and conditions stated in MarkLines Co., Ltd.'s website (URL: www.marklines.com), and hereby apply to join MarkLines "Information Platform" (2 Accounts) as a paid corporate member.

Name:_____ Signature:_____

Title:_____ Department:_____

Email:_____ Tel:_____ Fax:_____

Secondary Contact: (recommended)

Name:_____ Title:_____ Department:_____

Email:_____ Tel:_____ Fax:_____