

MarkLines Information Platform Membership Application Form 10 Accounts

Applicant Information:

Company Name (Official): _____
 Address: _____ City: _____
 State/Prov./Shire: _____ Country: _____ Postal Code: _____
 Tel: _____ Fax: _____ Homepage: _____

Annual Fee: 57,600 Kroner**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 (USA / Japan) 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" (10 Accounts) as a paid corporate member.

Name: _____ Signature: _____
 Title: _____ Department: _____
 Email: _____ Tel: _____ Fax: _____

Secondary Contact: (recommended)

Name: _____ Title: _____ Department: _____
 Email: _____ Tel: _____ Fax: _____