AquaGates International Merchant Application Form

To First Penguin Inc.

In connection with the contract with First Penguin Inc., the Company or I agree to the terms and condions described in the "AquaGates Marchanrt Agreement". By submitting this form, I comfirm all information below is accurate, complete and trustful.

≫ ■Required■ is requ	ired field.					
Date	yyyymmdd			(Desired open date: yyyymmdd		
Resistered name						
Resistered address						
	TEL :			FAX :		
	is same address as resistered address.		Please provider the address if it is different from resitered address			
Billing address Required						
	TEL :		FAX :			
Name of Representative Required				Date of birtth	yyyymmdd	
Settlement bank information Required	Bank name			Settlement currency		
	SWIFT					
	Bank address			Bank account number		
	Bank account holder					
Merchat name ■Required■						
URL Required	http://					
Detailed description of the site Required						
General contact	Name					
	Contact	TEL :		FAX :		
		E-mail:				

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