

RENAISSANCE TECHNOLOGIES, INC.

5000 Ritter Road Suite 202
Mechanicsburg PA 17055
717-691-7090
717-691-8165 Fax

WEEKLY PCMS LEASE AGREEMENT

DESCRIPTION OF LEASED EQUIPMENT: Include quantity, make, model, serial number and all attachments. Attach separate Schedule "A" if needed.

DESCRIPTION OF SERVICES: Attach separate Schedule "S" if needed.

VIDEO VAULT WEB PAGE LABELS REQUESTED FOR CAMERA IMAGES: Attach separate Schedule "B" if needed.

PROJECT NAME	CAMERA #1	CAMERA #2	CAMERA #3	CAMERA #4

LEASE CUSTOMER (Lessee) (Complete Legal Name. If a corporation, use EXACT registered corporate name.)

Company Name

X

Telephone No.

X

Billing Address

X

Equipment Location (if other than billing address)

X

SCHEDULE OF RENTAL PAYMENTS

NUMBER OF WEEKLY	WEEKLY PAYMENT	SECURITY DEPOSIT	ADVANCE PAYMENT	PROCESSING FEE
X	\$ 650	\$ 400	\$ 0	\$ 0

AUTHORIZED SIGNATURE

X

PRINT NAME AND TITLE

X

DATE

X

ACCEPTED BY LESSOR:

By:

Title:

Date:

Lease #:

Customer fills in "X" boxes.

This lease is subject to the TERMS AND CONDITIONS attached.