



Renaissance Technologies, Inc.

5000 Ritter Road, Mechanicsburg, PA 17055
Voice: 717-691-7090 Fax: 717-691-8165

Credit Memorandum of Understanding

Our payment terms are normally that full payment is to be received at our office within thirty days of the date of our invoice. If we do not receive payment within this timeframe, we assess interest at 1.5%.

If there are ever any questions concerning any charges on our invoices, please call us immediately. We realize that mistakes happen and we are happy to discuss any question you may have.

Specify below the correct Billing Information for us to use when mailing your invoices, and the person for us to contact if we have any questions regarding payments. Please also tell us if you require a specific reference number to appear on your invoices for payment purposes.

Billing Information	Contact Information
Company Name	AP Contact Name
Attention	Company Name
Address	Phone
	Fax
Reference	Email
Signature	Date
Print Name	Business Title

Report Submission	
Name of Recipient:	Email of Recipient:
Log In:	Password:

Official Use only
Account Number:



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CREDIT APPLICATION

A. Applicant

Legal Business Name: _____
(List all Trade Names, DBA's, Division or Subsidiaries)

Parent Company (if subsidiary): _____

Street Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ E-mail: _____ Website: _____

Estimated Annual Sales: _____ Amount of Credit Requested: _____ How long in Business: _____ Number Employees: _____

Nature of Business: _____ Person to contact about Account: _____

B. Business Information

Sole Proprietorship Partnership Corporation/LLC Federal tax number: _____ DUNS # _____

Any owner, partner, or officer filed for bankruptcy in this or any other business? _____ If yes, Name/s _____ Date/s _____

State Sales Tax Exemption Certificate Yes, State _____ No (If Yes, enclose signed certificate)

Principals of the Business:

Name _____ Owner/Partner/Corporate Officer _____

Social Security # _____ Residence Address _____

Telephone # _____ City _____

Driver License # _____ State _____ Zip _____

Name _____ Owner/Partner/Corporate Officer _____

Social Security # _____ Residence Address _____

Telephone # _____ City _____

Driver License # _____ State _____ Zip _____

Please attach list if more than 2 principals.

C. Banking Information

Bank _____ Branch _____ Phone _____

Address _____ City _____ State _____ Zip _____

Officer Contact: _____ Account open how long? _____ Savings Acct # _____

Checking Acct #'s _____



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D. Trade References

Name _____ Contact _____

Mailing Address _____

Telephone # _____ Fax # _____

Nature of Product, Materials or Services provided _____ Account # _____

Name _____ Contact _____

Mailing Address _____

Telephone # _____ Fax # _____

Nature of Product, Materials or Services provided _____ Account # _____

Name _____ Contact _____

Mailing Address _____

Telephone # _____ Fax # _____

Nature of Product, Materials or Services provided _____ Account # _____

Name _____ Contact _____

Mailing Address _____

Telephone # _____ Fax # _____

Nature of Product, Materials or Services provided _____ Account # _____

Name _____ Contact _____

Mailing Address _____

Telephone # _____ Fax # _____

Nature of Product, Materials or Services provided _____ Account # _____

Name _____ Contact _____

Mailing Address _____

Telephone # _____ Fax # _____

Nature of Product, Materials or Services provided _____ Account # _____

CREDIT VERIFICATION:

I give my permission to Renaissance Technologies Inc to verify all given information, which may include major credit bureaus. I also understand that any false information concerning names, addresses and Corporation connections could be misconstrued as a fraudulent statement. PLEASE NOTE: Fax copies of this application are acceptable to begin processing, but an original signed document must be mailed to our office. Please complete all requested information to avoid delays in processing your application.

Signature of Applicant _____ Title _____ Date _____



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CREDIT APPLICATION

***Applicant: Only your signature is required on this form. We will forward it to your bank for the credit information.**

CONFIDENTIAL BANK CREDIT REPORT

TO: _____ DATE: _____

ON: _____

Dear Financial Institution:

In order that we may consider opening a credit account with the above, we ask you in confidence to complete and return the following information:

CHECKING ACCOUNTS

Account Number: _____ Average Balance: Low _____ Figures

Date Opened: _____ Medium _____ Figures

High _____ Figures

Checks returned for uncollected and/or insufficient funds? Yes _____ No _____

.....
Account Number: _____ Average Balance: Low _____ Figures

Date Opened: _____ Medium _____ Figures

High _____ Figures

Checks returned for uncollected and/or insufficient funds? Yes _____ No _____

SAVINGS ACCOUNT

Account Number: _____ Average Balance: Low _____ Figures

Date Opened: _____ Medium _____ Figures

High _____ Figures

LOAN EXPERIENCE

Highest Credit Given: _____ Current Outstanding: _____

Loan Purpose: _____ Secured: _____ Unsecured: _____

Collateral: _____ Experience: _____

REMARKS: _____

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Very Truly Yours,
RENAISSANCE TECHNOLOGIES INC

X _____
*Authorized Signature of Applicant