



VIDEO CHECK-OUT FORM

TO: AMIC / MWCF
ATTN: Rachel Wagner
535 Adams Avenue
Montgomery, Alabama 36104
Phone: (334) 262-2566
Fax: (334) 263-0200

PLEASE PRINT CLEARLY OR TYPE
PLEASE RETURN VIDEOS PROMPTLY

FROM: Contact Person: _____ Title: _____
City/Agency: _____
Address: _____
City: _____ State: _____ Zip: _____
Telephone: _____

Please send me the following video(s) for showing to our employees. I understand that the loan period is for two weeks and that I am responsible for the safe return of the films to the address noted above. Failure to return videos within 14 days of receipt will result in a \$75.00 replacement fee being assessed. Some videos have a waiting list and are sent on a first-come first-served basis. Please be patient.

PLEASE USE THIS FORM TO ORDER VIDEOS (FAX OR MAIL). NO PHONE ORDERS PLEASE.
Please include this form when returning videos (for identification),

Name of Video(s): _____ Video# _____
_____ Video# _____
_____ Video # _____

Signature: _____

Title: _____

Date: _____