



MICHIGAN

MGMA-ACMPE Lending Library

Check Out Form 2019

Name: _____

Title: _____

Practice Name: _____

Address: _____

Phone: _____ Email: _____

List of book reference numbers or titles to check out:

I agree to return the books listed above **before or at the 30 day rental** date from the day the book(s) was/were shipped. I agree to pay a deposit of \$50 to cover the cost of shipping the books. If books are not returned I will be charged for each book minus the remainder of the deposit after shipping costs. I understand that after returning the books I will receive my deposit of \$50 minus shipping costs.

MiMGMA Member Signature

Date

Payment Information

Check payable to MiMGMA, CK# _____ Visa MasterCard Discover AMEX

Credit Card Number: _____ Security Code: _____

Name on Card: _____ Expiration Date: _____

Credit Card Billing Address (if different from above): _____

Send completed form with payment to:
MiMGMA, P.O. Box 205 Jackson, MO 63755
Tel: 800-314-7602
info@mimgma.org