



**MGMA-ACMPE Lending Library**

**Check Out Form**

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, 2123 University Park Drive, Suite 100, Okemos, MI 48864  
Fax: 517-708-7250 Tel: 517-253-8036  
mlamarre@mimgma.org