

Video Rental Form

return order form to: AGC/VA, P. O. Box 5700,
Glen Allen, VA 23058, *no faxed rental orders please*

Please make sure all information blanks are filled in completely and legibly.

Name: _____

Company: _____

Address: _____

City, State, Zip: _____

Phone #: _____

Please send me the following videos:

Video #	Subject/Title	Deposit
		\$50
		\$50
		\$50
		\$50
		\$50
		\$50

Please note: \$50 refundable deposit per tape, tapes must be returned to AGC within 10 days of shipment from AGC. Please be sure to rewind.



For office use only.

Date rec'd _____ Date shipped _____ Date ret'd _____ initials _____

Dep. rec'd Y or N Tape rewound Y or N Dep. refunded Y or N