

American Alliance Drug Testing



aadrugtesting.com

Video Lending Library Order Form

Fax Order: (909) 608-2058 or Email: cs@aadrugtesting.com

Please send the following video(s):

1.

2.

AADT Company ID (if applicable):

Name:

Company:

Address:

City

ST.

Zip

Phone:

E-mail:

State Comp Insurance Fund Policy #:

Payment Method

Credit Card Type: Visa Master Card American Express Discover

Name on Credit Card:

Card No.:

Sec.Code:

Exp:

Application Statement of Approval

I request AADT to process a security deposit in the amount of \$100 per video rented by form of credit card. This amount will be refunded once the video has been returned with in 30 day of rental date. Video rental(s) are due back with in 30 days of rental date. If not returned with in 30 days, your credit card will be charged for the full amount of video replacement plus shipping.

Signature X

Date