



**Safety Video Lending Library
Order Form**
Please print this form and fill in your requests.
Fax it to ACIC at 916-489-3280

Please send the following video(s):

1. _____
2. _____

Contact person: _____
Company: _____
Address: _____
City/State/Zip: _____
Telephone: _____
State Compensation Insurance Fund Policy # _____

Type of Credit Card: Visa MasterCard Discover Amex

Account Number: _____
Expiration Date: _____
Security Code: _____

Name as it appears on Credit Card: _____

Applicant Statement of Approval:

I request ACIC to process a security deposit in the amount of \$ 100.00 by credit card. This amount will be refunded once the video has been returned. Videos are due back within 30 days.

Signature

Date