

COMPANY / ORGANIZATION NAME

STREET ADDRESS

CITY

STATE

ZIP CODE

COMPANY CONTACT PERSON

(_____) _____ - _____
PHONE NUMBER

EMAIL ADDRESS

When materials are ready for pickup or overdue, the library will contact the above individual by **(choose one)**:

- Phone
- Email
- Text/Email (provide number)

(_____) _____ - _____
TEXT NUMBER

Employees allowed access to this card:

NAME 1

NAME 2

NAME 3

ORGANIZATIONAL REPRESENTATIVE

Indicates financial responsibility for material checked out on this SCDL Corporate/Organization Library Card:

SIGNATURE

DATE

PRINTED NAME

For questions, please contact the SCDL Main Library Manager at 330.458.2743.

Staff Use Only: I _____ -initials- Barcode _____

Send completed application to Main Adult Services Department

Manager.

