COMPANY / ORGANIZATION NAME

STREET ADDRESS

CITY State ZIP CODE

COMPANY CONTACT PERSON

(________)_________ – ____________ EMAIL ADDRESS

PHONE NUMBER

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:

_________________________________________________ DATE

SIGNATURE

_________________________________________________

PRINTED NAME

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