

LAKE BLUFF PUBLIC LIBRARY CARD APPLICATION – LOCAL BUSINESS CARDS

BUSINESS INFORMATION

<i>Business Name</i>

<i>Business Address</i>	<i>Apt/Suite # (if applicable)</i>
<i>City</i>	<i>Zip Code</i>

<i>Phone Number</i>	<i>Email Address</i>
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BUSINESS CONTACT (owner or other authorized representative of business/institution)

<i>Mr./Ms.</i>	<i>First Name</i>	<i>M. I.</i>	<i>Last Name</i>	<i>Jr./Sr./III</i>
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Preferred name/nickname (if different from above): _____

<i>Phone Number</i>	<i>Email Address</i>
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I would prefer to be contacted by: Phone **or** Email

Would you like to sign up for our email newsletter? Yes No

STATEMENT OF RESPONSIBILITY

My signature in the space below indicates that I understand and agree to the following:

- I am an owner or authorized representative of a local business or institution.
- The business or institution named above accepts full responsibility for all materials accessed with this card, including any fines and fees incurred.
- I understand that all authorized users of this card must comply with library policy and procedure.
- I certify that the information on this form is correct.

Signature _____

Date: _____

STAFF USE ONLY:

Card Type: Local Business

Barcode Number: _____

Staff Initials: _____