

Corporate Library Account Application

date _____



Corporate Information

name _____

address _____

city/state/ZIP _____

phone _____

We assume responsibility for the materials borrowed on our Corporate Library Card and agree to pay all costs of overdues, damage, or loss. We also agree to notify the Central Arkansas Library System of any change in address or in authorized user(s) of this card. The following individuals are authorized to use this card:

- 1) _____
- 2) _____
- 3) _____
- 4) _____
- 5) _____
- 6) _____
- 7) _____
- 8) _____
- 9) _____
- 10) _____

We prefer to use our card at the following branch (please check one):

- | | | |
|---|--|---|
| <input type="checkbox"/> Main Library | <input type="checkbox"/> John Gould Fletcher Library | <input type="checkbox"/> Oley E. Rooker Library |
| <input type="checkbox"/> Millie M. Brooks Library | <input type="checkbox"/> Maumelle Library | <input type="checkbox"/> Amy Sanders Library |
| <input type="checkbox"/> Dee Brown Library | <input type="checkbox"/> Sidney S. McMath Library | <input type="checkbox"/> Adolphine Fletcher Terry Library |
| <input type="checkbox"/> Hillary Rodham Clinton Children's
Library & Learning Center | <input type="checkbox"/> Max Milam Library | <input type="checkbox"/> Roosevelt Thompson Library |
| | <input type="checkbox"/> Esther DeWitt Nixon Library | <input type="checkbox"/> Sue Cowan Williams Library |

signature _____ position _____

Staff Use Only letter received _____ date card issued _____ date renewed _____ staff initials _____