

# Business Library Card Application

4/2025

## Authorizing Party

Name:

Position Within Organization:

Email:

## Business

Name of Business:

Owner's Name:

Email:

Business Address:

Street:

City, State:

Zip Code:

List the names of individuals requiring a Business Library Card for your organization (up to five):

Card Holder #1:

Card Holder #2:

Card Holder #3:

Card Holder #4:

Card Holder #5:

Library Card Pick Up Location (choose one):

☐ Montgomery Campus

☐ Oswego Campus

## STAFF USE ONLY

I authorize the cardholders listed above to receive Business Library Cards representing the specified business.

Signature:

Date:



**Montgomery Campus**  
1111 Reading Drive  
Montgomery, IL

**Oswego Campus**  
32 West Jefferson  
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