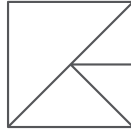


Application taken by: _____ Date Entered: _____

Entered by: _____ Bar Code #: _____

DO NOT WRITE ABOVE THIS LINE



**THE GATEWAY
CARD APPLICATION**

Please Print Information

Date of Birth: _____

Name: _____
(First) (Middle initial)

Local Address: _____
(Mailing Address) (Street) (City / State) (Zip)

Permanent Address: _____
(If different from above) (Street) (City / State) (Zip)

Home Phone: () _____ Other Phone: () _____

Driver's License: _____ Or State Issued I.D.: _____

Email Address: _____

Contact me for notices by: Email Telephone Text Message
(Selecting Email ensures you the most timely notifications.)

Present your card each time you check out items. Do not lend this card. Inform Gateway of any change in address or phone number. Report lost card immediately. You will be responsible for all uses of lost/stolen card until it is reported. Cardholder is responsible for any fines or fees incurred on this card. Fee will be charged to replace lost card.

I agree to be responsible for all materials borrowed on this card, to obey all Gateway rules, and to follow the Gateway internet Usage Regulations.

Signature: _____
(Please read notice above before signing and accepting liability)

Date: _____