



MKS Customer # \_\_\_\_\_

File Authorization

Company Name: \_\_\_\_\_

One Time Authorization

MakeShaper, a division of Santronics, Inc. credit card authorization policy requires the cardholder to provide us with a signed authorization to charge the credit card referenced below. Please complete and sign this authorization and return to CFS via email to [cfs@scc-inc.com](mailto:cfs@scc-inc.com) or via fax to 919-774-3364. A copy of this authorization will be maintained in your credit file.

**I hereby authorize MakeShaper, a division of Santronics, Inc. to charge my credit card as dictated by the terms of my account. I understand the charge will reflect as Santronics, Inc. on my credit card statement.**

Credit Card Type:      Visa                       MC                       Amex

Credit Card #: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Cardholder's Name: \_\_\_\_\_  
*(as it appears on your credit card)*

CC Billing Address: \_\_\_\_\_  
\_\_\_\_\_

*(Please include a copy of the front/back of your credit card for each authorization submitted)*

\_\_\_\_\_  
**(Cardholder Signature)**

\_\_\_\_\_  
**Date**

Thank you in advance for your assistance.  
Sincerely,  
Customer Financial Services  
MakeShaper.com

makeshaper.com

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