



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 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

+1 919 776 6925 • 3010 Lee Avenue • PO Box 192 • Sanford, NC 27331-0192

10/24/2017