



USER AUTHORIZATION FORM

Upload this form to our File Depot at the link below. Once upload is complete, please email customerservice@suran.com to notify us that the form has been uploaded.

<https://www.suran.com/file-depot/>

CUSTOMER INFORMATION

Organization Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

ADD OR CHANGE USERS

Name: _____

Name: _____

Phone: _____

Phone: _____

Email: _____

Email: _____

Position: _____

Position: _____

Name: _____

Name: _____

Phone: _____

Phone: _____

Email: _____

Email: _____

Position: _____

Position: _____

REMOVE USERS (Add names below)

Names: _____

By signing this form I certify that I am an authorized representative of the above named organization.

Authorized Signature: _____ **Position:** _____

Print Name: _____

Date: _____ **Phone:** _____