

Letter of Authorization for Joint Venture Operation

Date: [Insert Date]

[Your Name]

[Your Title]

[Your Company Name]

[Your Company Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Joint Venture Partner's Name]

[Joint Venture Partner's Title]

[Joint Venture Partner's Company Name]

[Joint Venture Partner's Company Address]

[City, State, Zip Code]

Dear [Joint Venture Partner's Name],

This letter serves as an official authorization for the operation of our joint venture, [Joint Venture Name], established to [Brief Description of the Purpose of the Joint Venture].

We agree to collaborate and share resources, knowledge, and technologies in order to achieve our common goals.

As part of this authorization, [Specify any specific terms, responsibilities, or arrangements].

Please acknowledge your acceptance of this authorization by signing below.

Sincerely,

[Your Signature]

[Your Printed Name]

[Your Title]

Accepted and Agreed:

[Joint Venture Partner's Signature]

[Joint Venture Partner's Printed Name]

[Joint Venture Partner's Title]