

# Product Quality Verification Authorization

Date: [Insert Date]

To: [Recipient Name]

Company: [Recipient Company]

Address: [Recipient Address]

Dear [Recipient Name],

We hereby authorize you to conduct a quality verification on our product, [Product Name], bearing the batch number [Batch Number]. This authorization is valid from [Start Date] to [End Date].

Please ensure that all quality checks are aligned with our standards and provide a detailed report upon completion of the verification process.

Thank you for your cooperation.

Sincerely,

[Your Name]

[Your Position]

[Your Company]

[Your Contact Information]