

Transportation Service Client Approval

Date: [Insert Date]

Client Name: [Insert Client Name]

Client Address: [Insert Client Address]

City, State, ZIP: [Insert City, State, ZIP]

Subject: Approval for Seasonal Transportation Needs

Dear [Client Name],

Thank you for choosing [Your Company Name] for your transportation needs. We are pleased to confirm the approval of your request for seasonal transportation services as outlined in our previous discussions.

Details of Services:

- Service Type: [Insert Service Type]
- Start Date: [Insert Start Date]
- End Date: [Insert End Date]
- Frequency: [Insert Frequency]
- Contact Number: [Insert Contact Number]

Please review the details above, and feel free to reach out if you have any questions or require further adjustments. We appreciate your business and look forward to serving your transportation needs this season.

Warm regards,

[Your Name]

[Your Title]

[Your Company Name]

[Your Contact Information]