

Third-Party Audit Authorization

Date: [Insert Date]

[Your Organization Name]

[Your Organization Address]

[City, State, Zip Code]

[Recipient's Name]

[Auditing Firm's Name]

[Auditing Firm's Address]

[City, State, Zip Code]

Dear [Recipient's Name],

We hereby authorize [Auditing Firm's Name] to conduct a third-party audit of our operations as discussed in our previous communications. The scope of the audit includes but is not limited to:

- Financial Statements
- Operational Processes
- Compliance with Regulations

The audit is to commence on [Start Date] and is expected to conclude by [End Date]. We expect the audit team to have full access to the necessary documents and personnel during this period.

Please provide us with any preliminary requirements or documentation you may need ahead of the audit.

Thank you for your attention to this matter. We look forward to your cooperation in making this audit successful.

Sincerely,

[Your Name]

[Your Title]

[Your Organization Name]

[Your Contact Information]