

# Supplier Account Authentication

[Your Company Name]

[Your Company Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

Date: [Insert Date]

[Supplier Name]

[Supplier Address]

[City, State, Zip Code]

## **Subject: Supplier Account Authentication**

Dear [Supplier Contact Name],

We are writing to confirm the authentication of your supplier account with [Your Company Name]. As part of our ongoing efforts to ensure a secure and efficient supply chain, we kindly request the following information to complete the authentication process:

- Company Registration Number
- Tax Identification Number (TIN)
- Bank Account Details
- Current Business Licenses

Please provide the requested information by [insert deadline date] to ensure uninterrupted service from our organization. All information will be handled with the utmost confidentiality.

If you have any questions or need further assistance, please don't hesitate to reach out via email or phone.

Thank you for your cooperation.

Sincerely,

[Your Name]

[Your Job Title]

[Your Company Name]