

Business Functioning Authorization Letter

Date: [Insert Date]

From:

[Your Company Name] [Your Company Address] [City, State, Zip Code] [Email Address]
[Phone Number]

To:

[Recipient Name] [Recipient Title] [Recipient Company Name] [Recipient Company Address]
[City, State, Zip Code]

Dear [Recipient Name],

Subject: Authorization to Function Business Operations

We, [Your Company Name], hereby authorize [Authorized Person's Name], holding the position of [Authorized Person's Position], to manage and oversee all business operations related to [specific project or task]. This authorization is effective from [Start Date] to [End Date].

We trust that [Authorized Person's Name] will execute the responsibilities with utmost professionalism. If you have any queries or require further information, please feel free to contact us.

Thank you for your cooperation.

Sincerely,

[Your Name] [Your Title] [Your Company Name]