**(Client Logo)**

**(Client Address)**

**(City, State Zip)**

January 1, 2018

To Whom It May Concern,

This letter serves to authorize **Logistics Plus Inc.** to negotiate and manage rates with carriers for less-than-truckload (LTL) pricing on behalf of **(Client Name).** This letter also serves as authorization to send invoices that are third-party billed to **(Client Name)** c/o Logistics Plus Inc. at PO Box 183850, Shelby Township, MI 48318 for auditing and payment purposes on behalf of **(Client Name)**.

Please extend your cooperation to Logistics Plus to set up pricing for our account.

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Authorized Signature Date

**(Client Contact Name)**

**(Client Contact Title)**

**(Client Contact Phone)**

**(Client Contact Email)**