CLIENT NAME
ADDRESS HERE

DATE: \_\_\_\_\_

Letter of Authorization

To whom it may concern,

We the undersigned parties (herein “the Buying Alliance”) do hereby authorize

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Shannon Chan, President & TEH AIK HONG

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

As our duly appointed representative to negotiate, tender, and act on our behalf to secure manufacturing production capacity of Nitrile Gloves that meet or exceed the following specifications:

1. Up To \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ boxes of gloves (100 gloves per box)
2. Required Schedule:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. MEDICAL EXAMINATION GLOVES NITRILE POWDER-FREE (100/BOX) Single use, powder-free, medical grade, blue, Nitrile Gloves. Product Information: • Single Use • Powder Free • Latex Free • Thickness [0.05 – 0.12 mm] • Size: XS – XL • Color: Blue • Product Origin: International Packaging Information: • Per Package: 100 per Box
4. Certifications Required: FDA, CE, ISO
5. NOTES:

This authorization becomes effective upon the signing by all the parties to this agreement and will remain in effect until written notice of termination, (executable at-will), by any of the parties without penalty.

Signed this day by (‘Buyers Alliance Parties’):

|  |  |  |
| --- | --- | --- |
| CLIENT\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Its, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,Date:  | Next Space Solutions, LLCBy: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Its, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, Date: | Branded Ventures, Inc. By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Its, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,Date: |