

# Authorization

## Authorizer

Name: \_\_\_\_\_

Social security number: \_\_\_\_\_

OR

Company name: \_\_\_\_\_

Business ID: \_\_\_\_\_

Signee: \_\_\_\_\_

## Authorised

Name: \_\_\_\_\_

Social security number: \_\_\_\_\_

## Order details

Order number: \_\_\_\_\_

OR

Use for which the letter of authorization is made: \_\_\_\_\_

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

## Signatures

### Authorizer

Date: \_\_\_\_\_

Place: \_\_\_\_\_

\_\_\_\_\_  
Signature

### Authorised

Date: \_\_\_\_\_

Place: \_\_\_\_\_

\_\_\_\_\_  
Signature  
(Proof of order pickup)

