XX/XX/16

To Whom It May Concern:

Please be advised that by this letter, uShip, Inc. is hereby authorized to represent **Company XYZ** in negotiating rates, collecting and paying invoices, and auditing invoices for LTL transportation services for the locations listed below. If you have any questions regarding this Letter of Authorization, you may contact the undersigned.

**Location #1**

**Insert Address**

**Location #2**

**Insert Address**

**Location #3**

**Insert Address**

**uShip will be the 3rd party bill to responsible for paying invoices at the following address:**

**Insert Company XYZ Name**

c/o uShip

205 Brazos St.

Austin, TX 78701

Respectfully,

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

Signature

Shipper Name

Shipper Title

Shipper Company Name

Shipper Phone Number