Customer Letterhead

CUSTOMER NAME

CUSTOMER ADDRESS

CITY, STATE, POSTAL CODE

To Whom It May Concern:

Please use this as a Letter of Authorization for CONTAX, Inc to receive Data Transmissions for CUSTOMER NAME and all its affiliations and alias names.

Effective immediately, I authorize CARRIER to send Billing and Tracking information, via EDI or other suitable protocols, to CONTAX located at 311 W. Superior St. Suite 313, Chicago, IL, 60654.

The contact there is: l-edisupport@contax.com, 312-475-9706

Signed,

Printed Name

Signature