

[Date]

[Carrier Contact Name]
[Carrier Company Name]
[Address Line 1]
[Address Line 2]

Subject: Confirmation of Appointment as Authorized Carrier

Dear [Carrier Contact Name],

We are pleased to inform you that [Your Company Name] has officially approved [Carrier Company Name] as an authorized carrier for our transportation network.

After reviewing your safety ratings, insurance documentation, and operating authority, we have determined that your company meets our requirements for service provider partnership. Your company has been added to our active carrier database effective immediately.

Please find the following details regarding your setup:

- **Carrier ID:** [ID Number]
- **Payment Terms:** [e.g., Net 30]
- **Primary Contact:** [Name of Assigned Dispatcher/Manager]

To ensure a smooth partnership, please notify us immediately of any changes to your insurance coverage or operating status. All load tenders and rate confirmations will be sent via [Method: Email/Portal/EDI].

We look forward to a successful and long-term working relationship. If you have any questions regarding our onboarding process or upcoming shipments, please contact [Department Name] at [Phone Number] or [Email Address].

Sincerely,

[Your Name]
[Your Title]
[Your Company Name]