

[Your Company Name]
[Your Address]
[City, State, Zip Code]
[Date]

[Lessor Name/Lending Institution]
[Lessor Address]
[City, State, Zip Code]

RE: AUDIT CONFIRMATION OF LEASE OBLIGATIONS

To Whom It May Concern,

In connection with an audit of our financial statements, please confirm directly to our auditors, [Auditor Name], the following information regarding our lease obligations as of [Audit Cut-off Date]:

- Lease Agreement Number/Reference: [Lease ID]
- Description of Leased Property: [Property Description]
- Commencement Date and Expiration Date: [Dates]
- Monthly/Quarterly Payment Amount: \$[Amount]
- Current Outstanding Balance: \$[Amount]
- Interest Rate (if applicable): [Percentage]%
- Current Status of Payments (Current/Past Due): [Status]
- Security Deposit Held: \$[Amount]
- Remaining Lease Term: [Number of Months/Years]

If there are any additional liabilities, purchase options, or collateral requirements not listed above, please provide those details as well.

Please send your response directly to our auditors at the following address:

[Auditor Name]
[Auditor Address]
[Auditor Email Address]

Sincerely,

[Your Signature]
[Your Printed Name]
[Your Title]