

[Date]

[Vendor Name]

[Vendor Address]

[City, State, Zip Code]

Subject: Authorization Request for Vendor Background Check

Dear [Contact Person Name],

In accordance with the service agreement between [Company Name] and [Vendor Name], we require all third-party vendors to undergo a background screening process to ensure compliance with our safety and security standards.

To proceed with our partnership, please provide the following information for the personnel assigned to our account:

- Full legal name of the entity or individual
- Tax Identification Number or Social Security Number
- Current business license or certifications
- Completed and signed Authorization Forms (attached)

Please return the requested documentation by [Deadline Date]. All information provided will be kept strictly confidential and used solely for the purpose of verifying eligibility to provide services.

If you have any questions regarding this request, please contact [Department/Name] at [Phone Number/Email].

Thank you for your cooperation.

Sincerely,

[Your Name]

[Your Title]

[Your Company Name]