**LETTER OF AUTHORIZATION (LOA)**

**Date**: [Insert Date]

**To**: [Refiner/Mandate Name]  
**Address**: [Refiner/Mandate Address]

**Subject**: Authorization to Negotiate and Procure Fuel Products

**I. Authorized Representative**This letter serves to authorize and appoint:

Name: AMA OIL & GAS, LLC  
Address: 17717 NE 24TH St, Redmond, WA 98052  
Email: operations@amaoilngas.com  
Phone: +1 (206) 834 - 5156

to act as the sole and exclusive representative of:

Buyer Company Name:   
Buyer Address:  
Buyer Email:  
Buyer Phone:

**II. Scope of Authorization**  
The above-named representative is authorized to:

* Negotiate terms, pricing, and contracts for the procurement of **fuel products** (specify type: e.g., crude oil, diesel, gasoline, etc.): [Insert Product Details].
* Liaise directly with refiners, mandates, or brokers on behalf of the Buyer.
* Submit and receive offers, documentation, and agreements related to the transaction.

**Product Specifications**:

* Quantity: [e.g., "Up to 500,000 barrels per month”] (…………………………………………)
* Products Type:
* Delivery Terms: [e.g., FOB, CIF, etc.] (………………….)
* Delivery Period: [e.g., "Q1 2024"] (…………………….)

**II. Validity Period**  
This authorization is valid from ***[ ]*** to ***[ ]***.

**IV. Terms & Conditions**

1. This LOA is non-transferable and revocable at the Buyer’s discretion.
2. All contractual agreements remain subject to the Buyer’s final written approval.
3. The representative shall act in compliance with all applicable laws and regulations.

**V. Signatures**

**Authorized Buyer Representative**:  
Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Witness**:  
Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_