

Continuation of Pharmaceutical Distribution Agreement

Date: [Insert Date]

To,

[Recipient Name]
[Recipient Company Name]
[Recipient Address]
[City, State, ZIP Code]

Dear [Recipient Name],

We are writing to formally confirm the continuation of our Pharmaceutical Distribution Agreement dated [Insert Original Agreement Date]. As per the terms mutually agreed upon, we intend to extend the agreement for an additional term of [Insert Duration] starting from [Insert Start Date] through to [Insert End Date].

During this period, we will continue to uphold our commitment to the highest standards of service and ensure the timely delivery of products as outlined in the original agreement.

Please indicate your acceptance of this continuation by signing below and returning a copy of this letter to us.

Thank you for your continued partnership.

Sincerely,

[Your Name]
[Your Position]
[Your Company Name]
[Your Contact Information]

Accepted by:

[Recipient Name]
[Recipient Position]
[Recipient Company Name]

Signature: _____ Date: _____