

Pharmaceutical Distribution Agreement Extension

Date: [Insert Date]

[Your Company Name]

[Your Company Address]

[City, State, Zip Code]

[Recipient's Company Name]

[Recipient's Company Address]

[City, State, Zip Code]

Dear [Recipient's Name],

We are writing to formally propose an extension of the existing Pharmaceutical Distribution Agreement dated [Original Agreement Date], between [Your Company Name] and [Recipient's Company Name].

Given our successful collaboration and mutual benefits derived from this partnership, we believe that extending the agreement for an additional [Duration] would be beneficial for both parties.

This extension will allow us to continue to promote our pharmaceutical products effectively and ensure uninterrupted service and supply to our customers.

We propose to extend the agreement under the same terms and conditions, with the following adjustments:

- [Adjustment 1]
- [Adjustment 2]

Please review this proposal and let us know if you agree to the terms of the extension by [Response Date]. We look forward to your positive response and to continuing our fruitful partnership.

Thank you for your attention to this matter.

Sincerely,

[Your Name]

[Your Title]

[Your Company Name]

[Your Contact Information]