

Partnership Renewal Letter

Date: [Insert Date]

[Distributor's Name]

[Distributor's Address]

[City, State, Zip Code]

Dear [Distributor's Name],

We hope this letter finds you in good health and spirits. As we approach the end of our current partnership agreement on [Insert Expiration Date], we would like to take this opportunity to express our gratitude for the successful collaboration we have shared over the past [Insert Duration].

We are pleased to inform you that we are interested in renewing our partnership for another term. Our commitment to delivering high-quality pharmaceutical products aligns with your distribution capabilities, and we believe that together we can achieve even greater success in the coming years.

Please find attached the proposed terms and conditions for the renewal of our partnership. We would appreciate your feedback and any suggestions you may have. Our goal is to finalize the renewal agreement by [Insert Desired Date].

Thank you once again for your continued support and partnership. We look forward to your prompt response.

Sincerely,

[Your Name]

[Your Position]

[Your Company Name]

[Your Company Address]

[City, State, Zip Code]

[Your Contact Information]