

# Pharmaceutical Distributor Renewal Confirmation

Date: [Insert Date]

[Distributor Name]

[Distributor Address Line 1]

[Distributor Address Line 2]

[City, State, Zip Code]

Dear [Contact Name],

We are pleased to inform you that your distribution agreement with [Your Company Name] has been successfully renewed. The renewal is effective from [Start Date] and will remain in effect until [End Date].

We look forward to continuing our partnership and are excited about the opportunities that lie ahead. If you have any questions or need further information, please feel free to reach out.

Thank you for your continued trust in us.

Sincerely,

[Your Name]

[Your Title]

[Your Company Name]

[Your Company Address Line 1]

[Your Company Address Line 2]

[City, State, Zip Code]

[Your Contact Information]