

# Pharmaceutical Distributor Terms Renewal

Date: [Insert Date]

[Distributor Name]  
[Distributor Address]  
[City, State, Zip Code]

Dear [Distributor Contact Name],

We are writing to inform you that the terms of our distribution agreement are approaching their renewal date on [Insert Renewal Date]. We value our partnership and wish to continue providing quality pharmaceutical products through our collaboration.

In this regard, we would like to propose the following terms for the renewal:

- Pricing adjustments as discussed.
- Minimum order quantities.
- Delivery schedules.
- Product return policies.

Please review these terms at your earliest convenience. We believe that these adjustments will enhance our mutual success and continue to foster a beneficial relationship.

We look forward to your prompt response and are happy to discuss any concerns you may have.

Sincerely,

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