

# Letter of Revised Terms for Pharmaceutical Distributor Agreement Renewal

[Your Company Name]

[Your Company Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

Date: [Insert Date]

[Distributor's Name]

[Distributor's Company Name]

[Distributor's Company Address]

[City, State, Zip Code]

Dear [Distributor's Name],

We are writing to inform you that, as we approach the renewal of our agreement, we have reviewed the existing terms and would like to propose some revised terms for the Pharmaceutical Distributor Agreement.

## Revised Terms:

- Effective Date: [Insert Effective Date]
- Duration: [Insert Duration of Agreement]
- Pricing Structure: [Brief Description]
- Minimum Order Quantity: [Details]
- Payment Terms: [Details]

Please review the proposed terms and let us know if you agree or if there are any points you would like to discuss further. We value our partnership and look forward to continuing our successful relationship.

Thank you for your attention to this matter. We anticipate your prompt response.

Sincerely,

[Your Name]

[Your Position]

[Your Company Name]