

Over-the-Counter Medication Promotion Authorization

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Date]

[Recipient Name]

[Company Name]

[Company Address]

[City, State, Zip Code]

Dear [Recipient Name],

I am writing to formally authorize the promotion of [Medication Name], an over-the-counter medication, by [Your Company Name] as per our agreed terms. This authorization allows you to engage in marketing activities, including but not limited to, advertisements, promotional events, and the distribution of samples.

Please ensure that all promotional materials comply with applicable regulations and guidelines. Additionally, I request to receive copies of any promotional materials prior to distribution for my approval.

This authorization is effective as of [Start Date] and will remain in effect until [End Date], unless revoked in writing prior to the termination date.

Thank you for your cooperation. I look forward to a successful promotion of [Medication Name].

Sincerely,

[Your Name]

[Your Title]

[Your Company Name]