

Distributor Partnership Agreement Confirmation

Date: [Insert Date]

[Your Company Name]

[Your Company Address]

[City, State, Zip Code]

[Distributor Name]

[Distributor Address]

[City, State, Zip Code]

Dear [Distributor Name],

We are pleased to inform you that your application for a Distributor Partnership with [Your Company Name] has been officially approved. We appreciate your interest and commitment to representing our products.

Enclosed with this letter is the Distributor Partnership Agreement for your review and signature. Please ensure all terms outlined are acceptable, and return a signed copy to us by [Insert Due Date].

We are looking forward to a successful partnership and are excited about the opportunities ahead.

If you have any questions or need further information, please do not hesitate to contact us at [Your Contact Information].

Thank you for choosing to partner with us.

Sincerely,

[Your Name]

[Your Title]

[Your Company Name]