

Exclusive Distribution Rights Confirmation

Date: [Insert Date]

[Your Company Name]

[Your Company Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Recipient's Name]

[Recipient's Company Name]

[Recipient's Company Address]

[City, State, Zip Code]

Dear [Recipient's Name],

We are pleased to confirm that we have granted you exclusive distribution rights for [Product/Service] in [Geographical Area]. This agreement is effective as of [Effective Date] and will remain in force until [End Date], subject to the terms and conditions outlined in our distribution agreement.

We believe this partnership will be mutually beneficial and look forward to collaborating with you to maximize the market potential of [Product/Service].

If you have any questions or require further details, please do not hesitate to contact us.

Thank you for your partnership.

Sincerely,

[Your Name]

[Your Position]

[Your Company Name]