

# Consignment Agreement Approval

Date: [Insert Date]

[Your Company Name]

[Your Company Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Distributor's Company Name]

[Distributor's Company Address]

[City, State, Zip Code]

Dear [Distributor's Contact Name],

We are pleased to inform you that your request for approval of the consignment agreement for the distribution of [Product Name] has been accepted. This agreement will become effective as of [Effective Date].

Please find attached the signed copy of the consignment agreement for your records. Kindly review the terms and conditions outlined within the document.

We look forward to a fruitful partnership and are confident that this collaboration will be mutually beneficial.

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

Best regards,

[Your Name]

[Your Job Title]

[Your Company Name]