

Exclusive Distribution Partnership Confirmation

Date: [Insert Date]

[Your Company Name]

[Your Company Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Partner Company Name]

[Partner Company Address]

[City, State, Zip Code]

Dear [Partner Name],

We are pleased to confirm our exclusive distribution partnership established on [Date of Agreement]. This partnership will allow [Your Company Name] to distribute [Partner Company Name]'s products in [specific region or market].

As per the terms outlined in our agreement, we are committed to ensuring the growth and success of the products in our designated market. We look forward to working closely with your team to achieve our mutual goals.

Please feel free to reach out with any questions or further clarifications regarding our partnership.

Thank you for this opportunity.

Sincerely,

[Your Name]

[Your Title]

[Your Company Name]