**Pharma Distributor Letter of Appointment**

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**[Pharmaceutical Company Logo]**

**PharmaCo International  
1234 Healing Road  
Metropolis, MA, 02110  
Phone: (555) 123-4567  
Email: info@pharmaco.com  
Website: www.pharmaco.com**

**Date: November 14, 2024**

**Mr. John Doe  
Doe Pharmaceuticals  
4321 Pharma Lane  
Rivertown, MA, 02111**

Dear Mr. Doe,

**Subject: Appointment as Authorized Distributor**

We are pleased to inform you that **Doe Pharmaceuticals** has been selected as an authorized distributor of **PharmaCo International** products. This appointment reflects our trust in your company's esteemed reputation, operational efficiency, and commitment to excellence in the pharmaceutical distribution sector.

**Appointment Details:**

* **Territory:** The entire state of Massachusetts
* **Product Range:** Over-the-counter medications and prescription drugs, including our leading antibiotics and pain management medications.
* **Effective Date:** January 1, 2025
* **Duration:** 5 years, with an option for renewal

**Expectations and Responsibilities:**

1. **Compliance with Regulations:** Ensure all activities adhere to both local and national pharmaceutical regulations and laws.
2. **Marketing and Sales:** Proactively market and sell our products within Massachusetts to achieve or exceed the agreed-upon sales targets.
3. **Reporting:** Provide comprehensive monthly sales reports and market feedback to assist in strategic planning and supply chain management.
4. **Storage and Handling:** Maintain the highest standards in the storage and handling of our products to ensure their quality and integrity is preserved.

**Support from PharmaCo International:**

* **Marketing Materials:** Provision of brochures, samples, and promotional materials to support sales initiatives.
* **Training:** Regular product training and updates to enhance product knowledge and sales techniques for your team.
* **Customer Service:** Dedicated support for logistical and order management queries.

This distributorship appointment is subject to the terms and conditions outlined in the detailed distributor agreement provided to you. Please sign and return the enclosed copy of this letter as a token of acceptance of this appointment and the terms mentioned herein.

We are excited about this new partnership and look forward to a mutually beneficial relationship. Should you require any further information or assistance, please feel free to contact us at **[Contact Information]**.

Thank you for your dedication and enthusiasm towards distributing **PharmaCo International** products.

Warm regards,

**Jane Smith  
Vice President, Sales and Distribution  
PharmaCo International**