**SAMPLE – ORIGINAL EQUIPMENT MANUFACTURER (OEM) AUTHORIZED DEALER/DISTRIBUTOR**

(to be printed on corporation’s letterhead)

Date

Your Company Name

Street Address

CITY, STATE ZIP CODE

SUBJECT: **(Your Company Name)** – Authorization of **(Distributor/Dealer)**

To Whom it May Concern:

This is to certify that **(Original Equipment Manufacturer Name)** hereby names **(Your Company Name)** as its authorized **(dealer/distributor)**. **(Your Company Name)** is a fully authorized distributor/dealer for all **(Original Equipment Manufacturer Name)** products.

The products distributed to **(Your Company Name)** by **(Original Equipment Manufacturer Name)** are hereby guaranteed to be safe, are not counterfeit or adulterated devices, have maintained adequate storage conditions, and any warranties and service and/or preventative maintenance agreements are transferred and will be honored by **(Original Equipment Manufacturer Name)** or **(Original Equipment Manufacturer Name)** extendsto **(Your Company Name)** the authorization to fulfill all warranty, service, and/or preventative maintenance obligations for the equipment on our behalf.

/Official Signature/

Name of OEM Representative

Title of OEM Representative