**WITHDRAWAL FORM**

Place and date: ……………………………

**Buyer information**

First and last name: ………………………………………..………………………………………………………………………

Street, house/apartment number: ………………………………..……………………………………………………………………………..

Postal code, city: ………………………………….……………………………………………………………………………

Telephone/e-mail: ……………………………………….………………………………………………………………………

Order number: ………………………………………..………………………………………………………………………

Account number:

………………………………………………………………………………………………………………..

**Product info**

Product(s) name: ……………………………………………….………………….……………………….…………………

………………………………….…………………………………………………….………………………

The value of the Product(s) (including delivery costs): ………….………………….............................................................................................................................

Date of purchase: ………….………………….............................................................................................................................

Form of payment: ………………………………………………………………………………………………………………..

Merchandise data:

 …………….…………………………………………………………………….........................................

Date of discovering the nonconformity of the Product(s) with the Sales Contract (defects) ………………………………………………….………………………………………………….…………

**Buyer’s Statement**

I hereby withdraw from the Sales Contract. As a result, I request that the Seller reimburse me the payments made in relation to the Order.

……………………..………………….………………

 Buyer`s signature