Model withdrawal form

Complete and return this form only if you wish to withdraw from a order

(*) Delete as appro	priate.
Date / Signature	
6. Signature of co	onsumer(s) (only if this form is notified on paper)
5. (Name and Ad	dress of consumer(s),)
(Date)	(Date)
3. Ordered on (*)	4.received on (*)
	give notice that I/We (*) withdraw from my/our (*) contract of sale of the following provision of the following service (*),
Tel: 0631-61061 Mail: kontakt@sait	enhandel.de
Wiedner-Geigenba Steinstr. 32 67657 Kaiserslaute Germany	
1. To	