

WITHDRAWAL FORM

(If you want to withdrawl the contract, please fill out this form and send it back)

To

Träume aus Edelstahl

Schwarze Rade

24235 Wendtorf

Fax: 0049 (0)4343 4940409

kontakt@traeume-aus-edelstahl.de

I/We (*) hereby give notice that I/We (*) withdraw from my/our (*) contract of sale of the following goods (*)/for the provision of the following service (*),

Ordered on _____ (*)/received on _____ (*)

Name of consumer(s) _____

Address of consumer(s)

Date

Signature of consumer(s) (only if this form is notified on paper)

(*) Delete as appropriate