DUFLAUR®

WITHDRAWAL FORM

(If you wish to withdraw from the contract, please complete this form and return it to us. Thank you.)

To:

DUFLAUR FlexCo, Höttinger Gasse 32, 6020 Innsbruck
office@duflaur.com

I/We (*) *hereby withdraw from the contract concluded by me/us (*) for the purchase of the following goods (*) / the provision of the following service (*).

_____

Receipt Number _____

Orderd on (*) / received on (*) _____

Name of consumer(s) _____

Adress of consumer(s) _____

_____

_____

Signature of consumer(s) – (only if this notification is made on paper):

_____ _____

Place, Date Signature

Attachements:

o Invoice, receipt
o Photo(s)
o Other

(*) Delete as appropriate.