**Please fill all fields in block letters.**

The undersigned hereby declares that I exercise my right of withdrawal/cancellation of the goods indicated above with regard to the contract of sale.

Name of consumer:
Addres of consumer:
Phone number :
Order number:
Bank account number:
Product part number:
Product price :
Delivery Date:

Justification (optional):

I understand that:

- I have 365 days from the delivery of the product to cancel.

- I can only return unused (this test is not included) and complete product.

- Shoebox Kft. only accepts returned products with an original invoice.

The above information is complete and correct. Date , 20 . .

 Sign of consumer