

Withdrawal from purchase

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|---|---|
| Distributor: Shoebox Kft. Address: 2142 Nagytarcsa, Nyár utca 4. | Shop: Office Shoes Online Webshop Website: www.officeshoes.hu E-mail: ugyfelszolgalat@officeshoes.hu Post address: 2142 Nagytarcsa, Nyár utca 4. |
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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:

Address of consumer:

Phone number :

Order number:

Bank account number:

Product part number:

Product price :

Delivery Date:

Justification (optional):

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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 _____.

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Sign of consumer