



FORM OF THE WITHDRAWAL FROM THE CONTRACT OF SALE

(fill in this form in English and send it back in case you want to withdraw from the contract of sale)

NOTICE OF WITHDRAWAL

ADDRESSEE:

LIPOELASTIC a.s.
Vrbenská 887
757 01 Valašské Meziříčí
Czech Republic

I/WE (*) HEREBY NOTIFY THAT I/WE (*) WITHDRAW FROM THE CONTRACT OF SALE OF FOLLOWING GOODS:

DATE OF ORDER (*)/ DATE OF RECEIPT (*)

NAME AND SURNAME OF THE CONSUMER/CONSUMERS

ADDRESS OF THE CONSUMER/CONSUMERS

DATE

day

month

year

SIGNATURE OF THE CONSUMER/CONSUMERS

(only if this form is sent in a paper form)

(*) Delete if not applicable or add data.

RETURN MONEY

PAYPAL

E-MAIL ADDRESS**

BANK

IBAN**

SWIFT**

NAME OF THE OWNER OF THE BANK ACCOUNT**

ADDRESS OF THE OWNER OF THE BANK ACCOUNT**

NAME AND ADDRESS OF THE BANK**

** must be filled out



YOUR PARTNER:
LIPOELASTIC a.s.
EXPEDITION DEPARTMENT
VRBENSKÁ 887, 757 01 VALAŠSKÉ MEZIŘÍČÍ, CZECH REPUBLIC

WWW.LIPOELASTIC.COM
WWW.FACEBOOK.COM/LIPOELASTIC
E-MAIL: ESHOP@LIPOELASTIC.COM
TEL.: +420 571 116 301, FAX: +420 571 116 333