

WITHDRAW FROM THE CONTRACT OF SALE FORM

Name and surname:

.....

Address:

.....  
.....

E-mail:

.....

Phone:

.....

Receipt no. (if you have made an online purchase, please enter your order number, in which case you do not need a receipt number)

.....

Description of product defects:

.....  
.....  
.....  
.....  
.....

Preferred form of compensation for the claimed product (if the manufacturer accepts the complaint)

refund / replacement / price reduction

.....  
(place, date)

.....  
( customer's signature)

.....  
(place, date)

.....  
(signature of the accepting party)

\*shipping address of the advertised product: Great Mass ul. Prosta 16A, 30-814 Kraków