

Withdrawal form



Complete and return this form only if you wish to withdraw from the contract.

To EOD European Online Distribution GmbH, BLOODPRESSURE SHOP, Bötzingen Strasse 31, 79111 Freiburg, Phone: +49 [0]761 45 89 29-22, Fax: +49 [0]761 45 89 29-99, E-Mail: sales@blutdruck-shop.de

I/We (*) hereby give notice that I/We (*) withdraw from my/our (*) contract of sale of the following goods (*)/for the provision of the following service (*):

Customer number

Ordered on (*)/received on (*)

Bill number

Order number (optional)

Name of consumer(s)

Address of consumer(s)

First name, Last name (optional)

Street, Street number

Postcode

City

Country

Date

Signature of consumer(s)

(*) Delete as appropriate.