

WITHDRAWAL FORM*

(this form should be completed and returned only if you wish to withdraw from the contract)

Addressee:

TRI-COLOR sp. z o.o.
ul. Jodłowa 50, 32-095 Narama
Poland
biuro@tri-color.pl

I/We (*) _____

I/we hereby inform(*) about my/our(*) withdrawal from the sales contract for the following items:

How to refund your payment:

Date of conclusion of contract(*)/acceptance(*):

First name and last name:

Address

Podpis:

(only if the form is sent in paper version)

Data:

*) Applies only to areas covered by applicable consumer law

