

Withdrawal from the contract

Seller:

Oční optika Rozehnalová
Dobrovského 207/1
76701 Kroměříž

Tel.: +420737430735

email: kromeriz@optika-rozehnalova.cz

| | |
|-----------------------------|--|
| Name, Surname: | |
| Address: | |
| Mobile number/email: | |
| Product, price: | |
| Order date/ invoice number: | |
| Date of delivery: | |
| Bank account number: | |
| IBAN + BIC | |

Date:

.....
Signature