

KIDS ON THE MOON

STATEMENT OF WITHDRAWAL FROM THE CONTRACT

THIS FORM SHOULD BE FILLED OUT ONLY IF YOU WANT TO WITHDRAW FROM THE SALE CONTRACT

CITY _____

DATE _____

NAME AND SURNAME _____

EMAIL _____

ORDER NUMBER _____

AMOUNT OF RETURN _____

ADDRESS _____

BANK ACCOUNT NUMBER _____

PRODUCT NAME _____

RETURN REASON _____

SIGNATURE _____

RETURN PACKAGES SHOULD BE SENT TO:

DEL-FINA

UL. LIPKOWSKA 92

05-080 IZABELIN, POLAND