	day	 	
(place)			

WITHDRAWAL FORM

Rest Lords Sp. z o.o., St. Tarasa Szewczenki 7/11, 10-274 Olsztyn, Poland mail biuro@restlords.com, fax (89) 721 33 55

	and surname)	, residing in		(Address)	
	hereby inform	about withdrawa	al from the sa	les contract:	
Product name					
Date of purchase					
Purchase price					
Receipt / invoice nr					
packaging and this for	m to the follow arasa Szewcze	ving address: nki street 7/11, 10	-274 Olsztyn	ty card, receipt / invoice, Poland, phone. +48 726 40 30) 4(
Account owner name: Address:		,		owing decoding.	
Account number:					
I declare that I know th Regulations.	e conditions f	or returning the g	oods specifie	d in the Restlords.com	
		leg	ible signatur	e of the Customer	