

Withdrawal form

(If you wish to withdraw from the contract, please complete and return this form to us.)

To
AKUSTIK-PROJEKT
Akustik-Projekt MHS GmbH & Co KG

Melkerstraße 30
3204 Kirchberg
ÖSTERREICH

Email: office@akustik-projekt.at
Fax: 0043 2722 93 082 300

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

Ordered on (*) / received on (*):

Name of consumer(s):

Address of consumer(s):

Signature of consumer(s):
(only if this form is notified on paper)

Date:

(*) Delete as appropriate.