

# CHYLAK

## RETURN FORM

Please fill out the Return Form, and place it in a box with the Product. Please seal the box and send within 14 days of the order delivery date to the following address:  
**ul. Dobra 14/16, 00-388 Warszawa, tel. +48 538 272 292.**

I hereby withdraw from the contract of sale regarding the following Product:

\_\_\_\_\_

order delivery date: \_\_\_\_\_

order/invoice number: \_\_\_\_\_

name: \_\_\_\_\_

mailing address: \_\_\_\_\_

phone number: \_\_\_\_\_

e-mail: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_