

CANCELLATION FORM

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Please use this form to exercise your right of cancellation.
 Please fill in all the information requested and return the form to us by fax or email.

I,

 Surname, Name

 Address (Street, Postcode, Place, Country)

herewith cancel the contract I have concluded covering the purchase of the following goods:

| Quantity | Article No. | Description | Reason of return |
|----------|-------------|-------------|------------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

Date of ordering: _____ Date of receipt: _____

 Date, Signature

Return of goods:

Please handle the goods carefully. Any garment once worn shall be excluded from the right of exchange and return for hygienic reasons. Return of the goods is free of charge for you if the goods are returned from Germany or Austria.
 After returning the goods in impeccable condition, you will receive a credit note in the form of your original payment.
 We therefore ask you to state your bank details below:

Name of account holder: _____ Name of bank: _____
 IBAN: _____ BIC: _____

ray shielding | antibacterial | disinfecting