

WITHDRAWAL FORM

To

SHOP.MACROVITA.GR | Pavlou Mela 28 | 14342 | Nea Philadelphia | Greece | +30 210 2523380

Email shop@macrovita.gr | **Fax** +30 210 2511294

Name	
Address	
Zip/Post code - City	
Telephone number	
Email	
Order number	

Please complete the following table with the items to be returned*:

Code	Description	Units	Value	Reason for return
				<input type="checkbox"/> DEFECTIVE PRODUCT <input type="checkbox"/> WRONG PRODUCT <input type="checkbox"/> OTHER:
				<input type="checkbox"/> DEFECTIVE PRODUCT <input type="checkbox"/> WRONG PRODUCT <input type="checkbox"/> OTHER:
				<input type="checkbox"/> DEFECTIVE PRODUCT <input type="checkbox"/> WRONG PRODUCT <input type="checkbox"/> OTHER:
				<input type="checkbox"/> DEFECTIVE PRODUCT <input type="checkbox"/> WRONG PRODUCT <input type="checkbox"/> OTHER:

* The return of a perfect product presupposes that the product's outer protective film has not been removed and remains in its original state. You hereby agree that when a product returns to the company, it will undergo a detailed quality control to determine its excellent condition.

To have your money returned, please fill in:

Bank	IBAN	Beneficiary name
PAYPAL account		
Credit / debit card billing cancellation <input type="checkbox"/> YES		

I (name) with this document
 notify **shop.macrovita.gr** of my intention to withdraw from the contract of sales of the above mentioned
 products, ordered on....., and received on....., with order number.....

Date.....

Sign