



STYLISH DOCTOR

FORM FOR STATUTORY RIGHT OF WITHDRAWAL FROM THE CONTRACT

Please fill out and hand-sign the form below and send it back along with the item (unused, clean, odorless, with original tags attached) to the following address: PB Company Spółka z Ograniczoną Odpowiedzialnością, ul. Bolesława Śmiałego 2, 47-232 Kędzierzyn-Koźle, within 14 days of receiving the product (starting from the day after the order was delivered).

I hereby inform you that I am withdrawing from the sales contract for the following product:

date of delivery: _____

order/invoice number: _____

name and surname: _____

correspondence address: _____

phone number: _____

e-mail: _____

Customer's signature:

date:
