

WITHDRAWAL FORM

Complete & return this form **only if you wish to withdraw from the contract.**

To the company named "CHATZIANASTASIOU CH. & CO", located in Thessaloniki, 51 Chalkidiki Street, Pylea, telephone 2310 303013, fax 2310 935845 e-mail: sales@solutionmedical.gr.

I hereby inform you that I am withdrawing from the distance selling contract the following goods:

Order No:				
N/A	Product Code	Description	Serial Number	Pieces

Received on:.....(date)

Name and surname of client:.....

Client Address:.....

Client's Signature.....

Date:.....