

REVCEUTICALS

DR. CHRIS GOJDZ MD PHD

WITHDRAWAL FROM CONTRACT FORM

Please notify us of your intention to return the product by email at:
shop@revceuticals.com

Please send the product(s) to the following address:
REVCEUTICALS sp. z o.o.
Plac Wilsona 4 lok. 2
01-626 Warsaw
Poland
with the note: "RETURN"

The return shipment must include a printed and correctly completed return form.

Full name of the Consumer: _____

Residential address: _____

Email address, phone number: _____

Date of purchase: _____

Order number: _____

I hereby inform you of my withdrawal from the sales contract for the following products:

No.	Product Name	Quantity	Price
1			
2			
3			
4			
5			

Please refund the payment to the following bank account:
(please provide the account holder's name and bank account number)

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Date:

Signature: