

Withdrawal

(Complete and return this form only if you wish to withdraw from the contract.)

to: Werner Chr. Schmidt
owner Bernhard W. Schmidt
Mouthpiece Specialist
Mosenstraße 10
08258 Markneukirchen

phone: +49 (0)37422 2871
fax: +49 (0)37422 749631
e-mail: mundstueck@schmidt-brass.de

I/We* hereby give notice that I/We* withdraw from my/our* contract of sale of the following goods/for the provision of the following service*:

Ordered on/Received on*: _____

Name of consumer(s), Mr/Miss/Ms/Mrs *, Firstname, Lastname:

Address of consumer(s):

_____ date

_____ signature of consumer(s)

* Note: Delete as appropriate!