

Withdrawal Form (Right of Withdrawal)

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

Information about the Company

Name: Carlings A/S
Address: Nesøyveien 4, 1396 BILLINGSTAD, Norge
Email: mail@carlings.com

Information about the consumer

Name(s) (if more than one person):
Address:
Email and/or phone (optional):

Declaration

I/We* hereby give notice that I/we* withdraw from my/our* contract of sale of the following Products*/for the provision of the following service*:	
Ordered on (date):	Received on (date):

* Delete as appropriate.

Signature(s)

(Only required if this form is submitted on paper)

Signature: _____

Signature 2 (if applicable): _____

Date: _____