

## WITHDRAWAL FORM

If you want to withdrawl the contract, please fill out this form and send it back to

The Cube Specialists, Christian Palma  
Weinstr. 9  
63628 Bad Soden-Salmünster  
info@thecubespecialists.com

I/We (\*) hereby give notice that I/We (\*) withdraw from my/our (\*) contract of sale of the following goods (\*):

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Ordered on: \_\_\_\_\_

Received on: \_\_\_\_\_

Name of consumer(s): \_\_\_\_\_

Address of consumer(s):

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\_\_\_\_\_  
Date

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Signature of consumer(s)

*(only if this form is notified on paper)*

(\*) Delete as appropriate