

# Withdrawal form

**If you withdraw please return this form to us:**

**BEAUTY HEALTH BALANCE**

**Weidenweg 4**

**86650 Wemding**

**E-Mail: [info@beautyhealthbalance.com](mailto:info@beautyhealthbalance.com)**

**I / we (\*) hereby revoke the contract concluded by me / us (\*) for the purchase of the following goods (\*) / the provision of the following service (\*)**

**Ordered on (\*)** \_\_\_\_\_

**Received on (\*)** \_\_\_\_\_

**Name of customer(s)** \_\_\_\_\_

**Address of the customer(s)** \_\_\_\_\_

\_\_\_\_\_

**Date** \_\_\_\_\_

**Signature of the customer(s)** \_\_\_\_\_