

WITHDRAWAL FORM

Please complete and return this form only if you wish to withdraw from your order.

To the attention of:
DRESCO SAS
Service Clients Les Tropeziennes par M. Belarbi
20 rue Jean-Baptiste Pigalle
75009 PARIS
contact@lestropeziennes.fr

I/We (*) hereby let you know of my/our (*) withdrawal from the contract for the sale of the following goods/services (*):

.....
.....
.....

Ordered on (*) / received on (*):

Name of consumer/customer:

Customer number (optional):

Address of consumer(s):

Date:

Signature of consumer(s)

(Only if this form is notified on paper):

(*) Delete as right.