

# STATEMENT OF WITHDRAWAL FROM THE CONTRACT

Place, date:

Full name of the consumer(s):

Address of the consumer(s):

E-mail address:

Telephone number:

Order number:

Date of contract / Date of collection (\*):



Fitness Authority Sp. z o.o.  
ul. Konna 40  
80-174 Otomin, Poland

## WITHDRAWAL FROM THE CONTRACT

(information: withdrawal from the contract)

I / we (\*)

hereby

inform(\*) about my / our (\*) withdrawal from the sales contract for the following goods (\*):

Bank account number for the refund of cash\*\*:

Account holder:

Signature of the consumer(s)\* (only if the form is sent in paper form)

.....

\* Delete as appropriate

\*\* Provided it is different from the bank account from which the payment was made.