

LE
COMPTOIR
DES
POIVRES

RETRACTION FORM

To the attention of the company SASU PALMIFRANCE whose head office is located at Z.A.C
Aéropôle 140 Rue Georges Guynemer 44150 ANCENIS FRANCE

By this document,

I undersigned (*last name & first name*)
.....
.....

Residing (*complete adress*)
.....
.....
.....
.....
.....

Notify you of my withdrawal from the contract for the sale of products on the
website www.lecomptoirdespoivres.com

Order N°:

Purchased products :
.....
.....
.....
.....
.....

Order validation date*/Order delivery date* :
(*delete as appropriate)

Consumer's signature (only if this form is notified on paper) :

Date & signature :