WITHDRAWAL FORM

Seller (Billing Details)

Vačice Sleepwear, spol. s r.o.
Krížna 144/24, 93101 Šamorín (Slovensko) VAT ID: SK2121232487

DELIVERY ADDRESS FOR RETURNS:
Vinohradská 48, 93101 Šamorín (Slovensko)

Consumer

Full Name:

Order Number:

I hereby notify you that I am withdrawing from the purchase agreement for the following goods:

Refund Details

IBAN: _____ | SWIFT: _____

Conditions & Shipping:

- Period: **30 days** from receipt of goods.
- Condition: Items must be **unworn, unwashed** and in original condition with all tags attached.
- **Shipping:** Return shipping costs are borne by the customer. Please use a reliable courier service to the delivery address above.

Date: _____ Signature