

# CHYLAK

## RETURN FORM

Please fill out the Return Form, and place it in a box with the Product. Please seal the box and send within 14 days of the order delivery date to the following address:

**Omnipack - CHYLAK zwrot**  
**al. Katowicka 66**  
**05-830 Nadarzyn**  
**Poland**  
**Hala DC04, rampa 40**  
tel. +48 538 272 292

I hereby withdraw from the contract of sale regarding the following Product:

\_\_\_\_\_

order delivery date: \_\_\_\_\_

order/invoice number: \_\_\_\_\_

name: \_\_\_\_\_

mailing address: \_\_\_\_\_

phone number: \_\_\_\_\_

e-mail: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_