

# Withdrawal Form

## COMPANY DETAILS

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Name

Epidemic Sound AB

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Address

Västgötagatan 2, 118 27 Stockholm

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Email

[hello@epidemicsound.com](mailto:hello@epidemicsound.com)

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## CONSUMER DETAILS

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Name

Address

Phone number

Email

## PRODUCT DETAILS

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I hereby confirm that I am withdrawing my purchase agreement regarding the following product/service

Product

Personal plan subscription

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Purchase date

Place

Date

Signature

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