

Withdrawal form

If you want to cancel the contract, please fill out this form and send it back.

An: Solutions GmbH Lohnerhofstrasse 2, 78467 Konstanz	
E-Mail: info@smcare-solutions.de	
I/we (*) hereby revoke the contract concluded by me/us (*) for the purchase of the following goods (*)/ the provision of the following service (*)	
Ordered on:	
received on:	
Name of consumer(s):	
Address of the consumer(s):	
street:	house number:
Postal code City:	
Date, Signature of the consumer(s) (only in case of notification on paper)	
(*) Delete as appropriate.	