

# Withdrawal Form

If you wish to withdraw from the contract, please complete and return this form to:

B4-Distribution GmbH  
Lilienthalstraße 7  
D-53424 Remagen  
Phone: +49 2642 9594090  
Mail: office@b4-distribution.com

I/we hereby give notice that I/we withdraw from my/our contract of purchase of the following goods:

Item number:	Item name:	Quantity:	Price:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Total price of goods:

Orderd on:

Received on:

Your address:

Customer number:

Name:

Surname:

Street:

Zip code:

City/Town:

Date:

Signature: