CONTRACT WITHDRAWAL FORM FOR PURCHASES MADE THROUGH

www.nimblezone.eu

BUYER:	SELLER:
Name and surname: Street and house number: City and postal code: Phone: E-mail:	Business name:Synergy Systems, s.r.o. Street and house no.:Račianska 88B City and postal code: Bratislava 831 02 Phone: +421 902 645 945 E-maill: info@nimblezone.eu
	Reg ID: 52057003 Tax ID: SK2120875097
I hereby notify you that I am withdrawing from th goods concluded via your online store at www.nimb	•
I understand that the withdrawal must be made within goods must be returned in unused and undamaged co	
Product Information	
Product Name:	
• Invoice No.:	
Quantity Purchased:	
Order Date	
Consumer's name and surname:	
Consumer's address:	
Consumer's email (optional but speeds up proce	essing):
Reason for Withdrawal (optional):	
 Preferred Method of Refund □ Original Payment Method □ Bank Transfer (Please provide bank account) 	nt details below)
Account Holder Name:	
• IBAN:	
• BIC/SWIFT:	
Buyer's signature	Date:

Note: This withdrawal form must be submitted within 30 days of receiving the product.

Please include a copy of your purchase receipt or order confirmation if available.