



Withdrawal Form

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

To:

Company: POSZone Kassensysteme GmbH
Director: Alexander G. Varga
Street: Spremlinger Landstr. 180
Zip Code/City: 63069 Offenbach am Main
Phone: +49-69 2691999-31
Fax: +49-69 2691999-50
E-Mail: rma@poszone.de

The return address for goods is:

Company: POSZone Kassensysteme GmbH
Street: Spremlinger Landstr. 180
PLZ / Ort: 63069 Offenbach am Main

Hereby I / We (*) give notice that I / We (*) revoke from my / our (*) concluded contract of sale of the following goods (*) / provision of the following services (*)

Ordered on _____ (*)/received at _____ (*)

Customer Name

Customer Address

Date

Signature (only by message on paper)

(*) delete not applicable