

WITHDRAWAL REQUEST

Dear Crespi Milano srl I hereby give notice of withdrawal from my sale contract for the following goods: Order Number: Order date: _____ Order received on: Order placed in the name: _____ Email address: Refund request via: Payment by debit/credit card Bank transfer (for this option please fill the form below) BIC: _____ Date _____

CRESPI MILANO SRL Via Verdi, 23 23844 SIRONE (LC)

Tel. 031-3574947 Numero verde 800.129761 Fax. 02 - 36215542 Signature