# WITHDRAWAL FORM

*If you wish to exercise your right of withdrawal, please complete and return this form to the following postal address:*

**Company Lunettes Beausoleil**
Customer Service
33 Boulevard du Général Leclerc 06240 Beausoleil
France

Attention to Customer Service,

Hello,

I hereby inform you that I wish to exercise my right of withdrawal with respect to the following services:

Date of invoice* :

Bill number* :

Username used *:

Email address used *:

Last name First Name** :
Address** :

Date and signature :

*: Required data
**: Optional data