

CANCELLATION FORM



PLEASE PRINT THIS FORM AND COMPLETE ALL SECTIONS

I hereby give notice that I cancel my order/contract of sale of the following goods:

ORDER NUMBER	
NAME ON ORDER	
EMAIL ADDRESS	
INVOICE ADDRESS	
PHONE NUMBER	
ORDER RECEIVED DATE	
GENERAL COMMENTS	
<hr/>	
YOUR SIGNATURE	
DATE	

14 DAYS TO
RETURN
GOODS

IMPORTANT: RETURN OF GOODS

Please remember we must receive goods back at the address below no later than 14 days after cancelling the order/contract.

RETURN
GOODS TO

VUFOLD LTD., QUEEN'S AVENUE, MACCLESFIELD SK10 2BN