## **Right of Withdrawal Form**

Date:.....

To **ATOP LLC**,

By the following steps, I exercise my right to withdraw from the contract for the purchase of the following goods:
1. Fill up the following data:
Product Name:
Order ID:
Order Date:
Product Received On:
Name: Customer Address:
Telephone:
Email:
Refund Amount:
2. Prepare carefully and send back the product it its original packing to the following address:
For ATOP LLC.
Company: MLV-Fulfillment
Address: Am Bocherich 4, 57271 Hilchenbach
Phone: + 49 176 42755694
3. Send us your bank details in order to set up your payment:
Bank Name:
IBAN:
SWIFT:
Beneficiary:

Please, fill out the form and send it to the following e-mail address: support@onycostoppro.com