# WITHDRAWAL FORM

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

**Company Gironde Commerce**
Customer Service
61 Rue du Château d'Eau 33000 Bordeaux
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