

CANCELLATION FORM

Contact of the seller

Name: ELFS d.o.o.

Location: Amruševa 19, 10 000 Zagreb, Croatia

Tel .: 01 / 4812-847, E-mail: info@elfs.hr

Contact of the buyer

Name _____

Address _____

IBAN _____

I hereby declare that I am cancelling purchase agreement of _____,
ordered on date _____, received on date _____,
on the invoice no . _____, which I attach to this form.

Date _____