

# Withdrawal Form - Stecca Optometria

Please fill out and return this form only if you wish to withdraw from the contract.

Recipient:

Stecca Optometria

Contrà Cavour n.8

36100 Vicenza (VI)

Italy

Email: [shop@steccaoptometria.it](mailto:shop@steccaoptometria.it)

I hereby give notice of withdrawal from my contract of sale for the following goods:

- Order number:

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- Ordered on /received on:

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- Name of consumer:

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- Address of consumer:

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Signature of consumer:

Date: \_\_\_\_\_