Revocation Form

In case you desire to revoke this contract please fill in this form and send it back

95180 Berg	
Fax: 09293/8006420 Mail: info@kuhne-electronic.de	
Herewith I/we * revoke contract of purchase of the following goods:	
Ordered on (date	e):
Goods received	on (date):
Customer numb	er:
Invoice number:	
Name of consum	ner client
Address of consu	umer client
Street	
City	
ZIP Code	
Country	
Date	Signature of consumer client (only for hardcopy notes)
* please delete	where inapplicable



to:

Kuhne electronic GmbH Scheibenacker 3