

## Cancellation Form

(If you want to revoke the contract, please fill out this form and send it back.)

To

**ITALFOOD LEBENSMITTELVERTRIEBS GMBH  
SALZSTRASSE 106-110  
D-74076 HEILBRONN**

**TELEFAX: +49(0)7131- 79794-79  
EMAIL: public@italvino.de**

hereby give notice (s) I / we (\*) from my / us (\*) concluded contract to purchase of the following products (\*) /  
provision of the following services (\*)

Ordered on (\*) / received on (\*) \_\_\_\_\_.\_\_\_\_\_.\_\_\_\_\_

Name / consumer (s) / Address of the / consumer (s) /

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Signature of person / consumer (s) (with message on paper):

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

(\*) Delete where not applicable.