

Cancellation Form

If you wish to cancel your purchase,
please fill out the form below

This form must be sent to:

info@sparwindows.co.uk

**I/we hereby give notice that i/we wish to cancel our contract
for the purchase of the following goods: (check box)**

Goods (please specify below) Order No.: _____

Please add date and check box(es):

Ordered on (date) _____

Goods received on (date) _____

Name of consumer(s)

Address of consumer(s)

Date

Signature of consumer(s)