

# 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.: \_\_\_\_\_

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**Please add date and check box(es):**

Ordered on (date) \_\_\_\_\_

Goods received on (date) \_\_\_\_\_

Name of consumer(s)

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Address of consumer(s)

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\_\_\_\_\_ Date

\_\_\_\_\_ Signature of consumer(s)