

**KRAKOWSKI ZAKŁAD WITRAŻÓW S.G. ŻELEŃSKI  
SPÓŁKA Z OGRANICZONĄ ODPOWIEDZIALNOŚCIĄ**  
Al. Krasieńskiego 23  
31 - 111 Kraków  
email: sklep@muzeumwitrazu.pl  
phone: + 48 512 937 979

....., date .....

**Name and surname of the  
consumer(s):**

.....

**Address of the consumer(s)**

.....

## Form of withdrawal from the agreement of Services

(please complete and return this form only if you wish to withdraw from the agreement)

I hereby like to inform that I withdraw from the agreement for the provision of the following service:

**Name of the service:**

.....  
.....

**Date of the agreement:**

.....

I declare, that my right to withdraw relates to the agreement, directly related to my business activity, and the content of this agreement indicates, that it does not have a professional character for me, resulting in particular from the subject of my business activity. YES | NO\*

Yours sincerely,

.....

\_\_\_\_\_  
\*delete as appropriate