



## **Cancellation policy - Frankfurt Airport**

### **Right of withdrawal**

*You have the right to cancel from this contract within 14 days without giving reasons.*

*The cancellation period is 14 days from the day of contract completion.*

*To exercise your right of withdrawal, you must inform us (MVZ Martinsried GmbH, Lochhamer Str. 29, 82152 Martinsried, Telephone number: +49.89.895578-0, Fax number: +49.89.895578-780, E-mail address: [info-fra@airport-lab.com](mailto:info-fra@airport-lab.com)) by means of clear statement (e.g., by post, fax or email) of your decision to revoke this contract. You may use the attached sample withdrawal form, but it is not mandatory.*

### **Consequences of withdrawal**

*If you withdraw from this contract, we shall reimburse you for all payments we have received from you without delay and no later than fourteen days from the day on which we receive notification of your decision to withdraw from this contract. We will use the same means of payment for this refund that you used for the original transaction, unless expressly agreed otherwise with you; under no circumstances will we charge you any fees for this refund.*

*If you have requested that the services should commence during the withdrawal period, you shall pay us an appropriate amount corresponding to the proportion of the services already provided by the time you notify us of your decision to withdraw with respect to this contract and compared to the total scope of the services specified in the contract.*



**Withdrawal form**

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

To:

MVZ Martinsried GmbH

Lochhamer Str. 29

82152 Martinsried - GERMANY

E-Mail-Adresse: [info-fra@airport-lab.com](mailto:info-fra@airport-lab.com):

I/we

hereby withdraw from the contract  
concluded by me/us

\_\_\_\_\_

\_\_\_\_\_

for the purchase of the following goods:

\_\_\_\_\_

the provision of the following services:

\_\_\_\_\_

Ordered on \_\_\_\_\_ / received on \_\_\_\_\_:

\_\_\_\_\_

Invoice number:

\_\_\_\_\_

Name of the consumer(s):

\_\_\_\_\_

Address of the consumer(s):

\_\_\_\_\_

Signature of the consumer(s)

*(only for written communication):*

\_\_\_\_\_

Date:

\_\_\_\_\_