## **APPENDIX 1– Withdrawal form**

Please complete this form only if you wish to withdraw from the contract and return it via the contact form on the website or by mail at the address:

In&motion Airbag Technology Attn. Customer Care 147 Prince Street Brooklyn, NY 11201 USA

I hereby notify you of my decision to exercise my right to withdraw from the contract concerning:

Product name/membership	Reference	Quantity
Client's e-mail address:		
Client's first and last name:		
Client's e-mail address:		
Client's mailing address:		
If you wish, and to continuously improv	e our services, you can indicate t	the reason for withdrawal:
Once you have notified your withdraw	val, please return your IN&BOX i	n its original packaging to the following
address:		
In&motion Airbag Technology		
Attn. Customer Care 147 Prince Street		
Brooklyn, NY 11201		
USA		
Your withdrawal request will be conside	ered upon receipt of your IN&BOX	and once the check for damage has been
carried out.		
Date:		
Client's signature:		