

ROCHFORD'S PHARMACY

Sample Cancellation Form

To: Rochford's Pharmacy, 21 Parnell St, Ennis, Co Clare

Telephone 065 6820099 **Fax** 065 6844650 **Email** customerservice@rochfordpharmacy.ie

I hereby give notice that I cancel my contract: of sale of the following goods/supply of the following service:

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.....

Ordered on

Order Number

Received on

Name of customer

Address of customer

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.....

Signature of customer*

Date

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**Only if this form is notified on paper*