



Flavon max AutoShip Cancellation Form

Please fill in the form with printed capital letters

NAME: _____

IDENTIFICATION NUMBER: _____

AUTOSHIP CODE: _____

SPONSOR'S NAME: _____

PHONE: _____

FAX: _____

E-MAIL: _____

REASON FOR CANCELLATION: _____

Confirmation of AutoShip Cancellation will be sent to the Club Member. The elite club member closest to the Club Member in the sponsor-line shall also be informed of the cancellation. Flavon Group Kft. must be notified by the 10th of the previous month the latest, prior to the next shipping due. In case of an AutoShip Cancellation Form arriving later than the 10th of the previous month, prior to the next shipping due, the next AutoShip shipment due (that is, the last one) will still be dispatched. The Club Member is free to purchase Flavon max products in other ways from Flavon Group Kft. after the cancellation. Any incomplete or illegible forms will not be processed.

I, the undersigned, hereby wish my effective AutoShip order specified above to be cancelled by Flavon Group Kft. I studied, understood and accepted the AutoShip cancellation policy written above.

Signature: _____ **Locality, Date:** _____

Please send the form signed and filled in to the following address
by post, fax or email:

Flavon Group Kft. H-4033 Debrecen, Veres Péter u. 19., HUNGARY

Tel.: +36-52-520-520 Fax.: +36-52-520-521

info@flavongroup.com, www.flavonmax.com