**FORMULARZ ZWROTU TOWARU**

NUMER ZAMÓWIENIA: .............................. DATA ZAMÓWIENIA: ....................................

IMIĘ I NAZWISKO: ................................................................................................................

ADRES: .................................................................................................................................

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TELEFON: .................................................... EMAIL: ...........................................................

Proszę o zwrot gotówki na rachunek bankowy:

(zwrot możliwy jest jedynie na rachunek bankowy Klienta)

Nazwa banku: ................................................................................................................

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Nr konta  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |

|  |  |  |  |
| --- | --- | --- | --- |
| NAZWA TOWARU  | ILOŚĆ  | CENA BRUTTO  | PRZYCZYNA ZWROTU  |
|    |   |   |   |
|    |   |   |   |
|    |   |   |   |

Uwagi Klienta:

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(czytelny podpis Klienta)