**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: ................................................................................................................

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

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| --- | --- | --- | --- |
| NAZWA TOWARU | ILOŚĆ | CENA BRUTTO | PRZYCZYNA ZWROTU |
|  |  |  |  |
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Uwagi Klienta:

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(czytelny podpis Klienta)