** FORMULARZ ZWROTU TOWARU**

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

**NUMER FAKTURY/PARAGONU**: ...........................................................................................................

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

**ADRES:** ........................................................................................................................................

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

Proszę o zwrot gotówki na rachunek bankowy:

(zwrot możliwy jest jedynie na rachunek bankowy Klienta)

**nazwa Banku:** ..........................................................................................................

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| **Num er rachunku** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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| --- | --- | --- | --- |
| **NAZWA PRODUKTU** | **ILOŚĆ** | **CENA BRUTTO** | **PRZYCZYNA ZWROTU** |
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**UWAGI KLIENTA:**...............................................................................................................................  
  
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Oświadczam, że znane mi są warunki zwrotu towaru określone w Regulaminie sklepu.

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(czytelny podpis Klienta)