

**FORMULARZ ZWROTU TOWARU**

NUMER FAKTURY/PARAGONU: ………………………………………… DATA ZAMÓWIENIA: ……...…………………………………

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

ADRES: ……………………………………………………………………………………………………………………………………………….

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

Proszę o zwrot gotówki na rachunek bankowy:

Nazwa Banku: ………………………………………………………………………………………………………………..

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| Numer rachunku |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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| NAZWA TOWARU | ILOŚĆ | CENA BRUTTO | PRZYCZYNA ZWROTU |
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Uwagi klienta: ………………………………………………………………………………………………………………………………………

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(czytelny podpis klienta)