**FORMULARZ ZWROTU**

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

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

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

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

Proszę o zwrot gotówki na rachunek bankowy:

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

NUMER KONTA:

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| NAZWA TOWARU | PRZYCZNA ZWROTU | CENA BRUTTO |
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Oświadczam, Że znane mi są warunki zwrotu towaru określone w Regulaminie sklepu.

.................................................................................... (czytelny podpis Klienta)