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Miejscowość i data

**FORMULARZ ZWROTU TOWARU**

Kupujący ma prawo do zwrotu towaru w ciągu 14 dni od otrzymania towaru

NUMER ZAMÓWIENIA:………………………………………DATA ZAMÓWIENIA:…………………………………………………

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

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

TELEFON:……………………………………………………………E-MAIL:…………………………………………………………………….

PROSZĘ O ZWROT GOTÓWKI NA RACHUNEK BANKOWY

NAZWA BANKU:……………………………………………………………………………………………………………………………………

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| NR  KONTA |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

NAZWA TOWARU:……………………………………………………………………………………………………………………………….

CENA (BRUTTO) :………………………………………………… ILOŚĆ:…………………………………………………………………….

UWAGI KLIENTA:…………………………………………………………………………………………………………………………………..

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(czytelny podpis Klienta)