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miejscowość, data

**FORMULARZ ZWROTU TOWARU**

Nazwa firmy: ........................................................................................................................................

Adres: ...................................................................................................................................................

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Numer NIP:……………………………………………… Numer telefonu:…………………………………………………..

Proszę o zwrot gotówki na poniższy rachunek bankowy (dane nieobowiązkowe):

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

numer rachunku:………………………………………………………………………………………………………………………………

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| Lp. | Nazwa towaru | Ilość | Cena netto | Numer faktury / paragonu | Przyczyna zwrotu |
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Uwagi Klienta: .......................................................................................................................................

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Oświadczam, iż zwracane produkty są pełnowartościowe i były przechowywane zgodnie z warunkami właściwymi dla ww. produktów.

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(czytelny podpis Klienta)