**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: ..........................................................................................................

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Numer rachunku  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |

|  |  |  |  |
| --- | --- | --- | --- |
| NAZWA TOWARU  | ILOŚĆ  | CENA BRUTTO  | PRZYCZYNA ZWROTU  |
|   |   |   |   |
|   |   |   |   |
|   |   |   |   |
|   |   |   |   |

Uwagi Klienta: ....................................................................................................................................... ...............................................................................................................................................................

Oświadczam, że znane mi są warunki zwrotu towaru określone w Regulaminie sklepu.

....................................................................................

(czytelny podpis Klienta)