**FORMULARZ ZWROTU**

**Dane klienta:**

**Imię i nazwisko:** ……………………………………………………

**Nr tel.:** ………………………………………………………………….

**Nr zamówienia:** ……………………………………………………

**Data zamówienia:** ………………………………………………..

**Proszę o zwrot gotówki na rachunek bankowy:**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

**Imię i nazwisko właściciela konta: ………………………………………………………………**

|  |  |
| --- | --- |
| **Nazwa zwracanego towaru** | **Cena brutto** |
|  |  |
|  |  |
|  |  |
|  |  |

Koszty zwracamy do 14 dni od otrzymania zwrotu.

**…………………………………………………………………………………….**

Data i podpis klienta