FORMULARZ ZWROTU TOWARU

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **1** | Wypełnij poniższy formularz | **2** | Zapakuj bezpiecznie produkty wraz z wypełnionym formularzem | **3** | Prześlij je na adres:Med. Miles Sp. z o. o.Łopuszańska 37,02-220 WarszawaZ dopiskiem **ZWROT** |

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)