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 Warszawa  Z dopiskiem **ZWROT** |

NUMER ZAMÓWIENIA: ...................................................... DATA ZAMÓWIENIA: ....................................................

NUMER FAKTURY/PARAGONU: ....................................................................................................................................

IMIĘ I NAZWISKO: ............................................................................................................................................................

ADRES: ...............................................................................................................................................................................

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TELEFON: ........................................................................ EMAIL: ....................................................................................

Proszę o zwrot gotówki na rachunek bankowy:

(zwrot możliwy jest jedynie na rachunek bankowy Klienta)

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

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

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

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

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

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(czytelny podpis Klienta)