

## FORMULARZ ZWROTU (ODSTĄPIENIA OD UMOWY)

.....  
Imię i Nazwisko Klienta / Nazwa firmy

.....  
E-mail Klienta

.....  
Adres Klienta

.....  
Numer telefonu Klienta

|                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
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| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
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| L. P. | Nr zamówienia | Nazwa produktu | Kod produktu | Cena | Zwracam<br>(oznacz X zwracany produkt) |
|-------|---------------|----------------|--------------|------|--|
| 1.    |               |                |              |      |  |
| 2.    |               |                |              |      |  |
| 3.    |               |                |              |      |  |
| 4.    |               |                |              |      |  |

.....  
Podpis Klienta