

FORM OF RETURN

DATE, CITY

CUSTOMER'S NAME	PHONE NUMBER
ADDRESS	EMAIL
ACCOUNT NUMBER	NAME OF BANK

No.	NAME OF RETURN GOODS	ID PRODUCT	No. OF ORDER	QUANTITY	SUM	REASON OF RETURN
1.						
2.						
3.						
4.						
5.						

DATE, CUSTOMER SIGNATURE

NUKI.PL ADDRESS:
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