RETURN FORM

(WITHDRAWAL FROM THE CONTRACT)

ORDER NUMBER:	DAT	E OF ORDER:	
INVOICE/RECIPT NUMBER:			
NAME AND SURNAME:			
ADRESS:			
PHONE NUMBER:		EMAIL:	
Please	send the refu	und to the bank acc	ount:
Bank name:			
Account number			
NAME OF GOODS	QUANTITY	GROSS PRICE	Reason for return (voluntarily)
		311000111102	
I declare that I am aware o	of the return c	conditions specified	in the store's regulations
Return Adress:	,	(legible signat	ture of the Client and date of completion)

ORPOL GROUP Sp. z o.o. Sp. k. Sadowa 3 street, 05-850 Jawczyce Ozarow Mazowieckl, Poland