**FORMULARZ REKLAMACJI NR:**

DATA REKLAMACJI: ………………………………………………….. DATA ROZPATRZENIA: ………………………………….

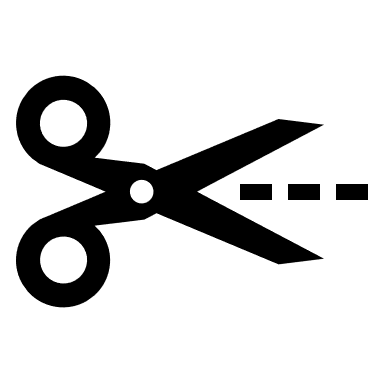
DATA WYSYŁKI: …………………………………………………………

DANE KONTRAHENTA:

IMIĘ I NAZWISKO: ………………………………………………………………………………………………………………………………

ADRES: ………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

TELEFON KONTAKTOWY:………………………………………………………………

PRODUKT: …………………………………………………………………..……………………………………………………………………………………….

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| **FORMULARZ REKLAMACJI NR:** |
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**Contra Sp. Z o.o. Sp.k**

ul. Poznańska 168, 87-100 Toruń

tel. 56 664 49 44  
NIP 9562358421

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PRODUKT: …………………………………………………………………………………………………………………………………………..………………..…………………………………………………………………………………………………………………………………………….…………………………………………………………………………………………………………………………………………………………………………….

OPIS AWARII:

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GWARANT: …………………………………………..

DATA: ………………………………………………. OSOBA ZGŁASZAJĄCA : …………………………………………………………