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|  | ***PROTOKOL VRATNÝCH OBALOV*** | | | | | | | | | | | | | |  |
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|  | **Dodávateľ:** | | | | | | | | **Odberateľ:** | | | | | |  |
|  | **Pretože TRIPSY s.r.o.** | | | | | | | |  | | | | | |  |
|  | Sliačska 1E | | | | | | | | Ičo: | | | | | |  |
|  | 831 02 Bratislava - mestská časť Nové Mesto | | | | | | | |  | | | | | |  |
|  | Prevádzka : Šamorínska 4152, 903 01 Senec | | | | | | | |  | | | | | |  |
|  |  | | | | | | | |  | | | | | |  |
|  | Ičo: 52724077 | | | | | | | |  | | | | | |  |
|  | Dič: 2121121497 | | | | | | | |  | | | | | |  |
|  | Ič Dph : SK2121121497 | | | | | | | |  | | | | | |  |
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|  | Tel: 02 / 70 70 70 70 | | | | | | | | Tel : | | | | | |  |
|  |  | | | | | | | | Fax | | | | | |  |
|  | E-mail:objednavky@tripsy.sk | | | | | | | | E-mail: | | | | | |  |
|  | Mobil: 0903 757 222 | | | | | | | | Mobil: | | | | | |  |
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|  |  |
|  | Vratné obaly : | | | | | | | | | | | | | |  |
|  | Z faktúry / DL číslo: .......................................... | | | | | | | | | | | | | |  |
|  | KÓD VO | | Názov | |  | | |  | | |  | | Počet ks | |  |
|  | VO4 | | Vratný obal FĽAŠA SKLO | | | | | | | |  | |  | |  |
|  | VO6 | | Vratný obal PREPRAVKA 1/20, 1/24 | | | | | | | |  | |  | |  |
|  | VO7 | | Vratný obal KANISTER 20L / Cleamen, Krystal | | | | | | | |  | |  | |  |
|  | VO8 | | Vratný obal KANISTER 5L /ANEX | | | | | | | |  | |  | |  |
|  | VO10 | | Vratný obal PREPRAVKA PIVO 1/20 | | | | | | | |  | |  | |  |
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|  | Poznámka: | | |  | |  |  | |  | | | | | |  |
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|  | Dátum odovzdania/vrátenia : ........................ | | | | | | | |  |  | |  | |  |  |
|  |  | | | | | | | |  | | | | | |  |
|  | Prevzal(dodávateľ): | | |  | |  |  | | Odovzdal(zákazník) : | | |  | |  |  |
|  | Podpis | | |  | |  |  | | Prečiatka a podpis | | |  | |  |  |
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