



REPAIR SUBMISSION FORM

Please print **CLEARLY** and include this completed form with your equipment

RA#: _____ DATE: _____

NAME:

BILLING ADDRESS (if different):

COMPANY:

STREET:

CITY, STATE, ZIP:

E-MAIL:

PHONE:

EQUIPMENT: MAKE, MODEL & AGE:

INSURANCE VALUE FOR RETURN SHIPMENT: \$

SYMPTOMS:

For TRADITIONAL MACHINES: to test your unit and to assure correct grouphead gasket replacement, you must include ONE COMPLETE PORTAFILTER with your machine (unless we tell you differently). Unless specifically requested, please do not include any of the following pieces of your espresso machine as it may result in loss or damage: cup warming tray (top tray), decorative cap (i.e.: Elektra eagle), accessories, drip tray, drip tray cover, any extra accessories.

For repairs over \$100.00, we will provide an estimate for your approval before repairing your machine.

LABOR: TRADITIONAL MACHINES \$65 / hour

We charge a one-hour estimate fee which we will apply to your final bill should you have your machine repaired. You must pre-pay the estimate fee by Visa, Mastercard, or Paypal. On our website, either follow the link on our home unit service page or type **ESTIMATE** into the search bar. Please specify super-automatic or traditional machine.

By consigning your equipment to us, you agree to all **POLICIES AND TERMS** as stated on our website. You may review them at espressocare.com under Terms of Sales.

Customer Signature

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