



**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:**

You must include **ONE COMPLETE PORTAFILTER** (the most used one will be the best) with your machine so we can test your unit and to assure correct grouphead gasket replacement. 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 for home units 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.

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](http://espressocare.com) under Terms of Sales.

**Customer Signature**

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