

Kitchen Window

Espresso Machine Repair

Shipping or Drop-Off Instructions

Print and fill the form below, and include it with your machine when sending or delivering it to Kitchen Window.

First Name: _____

Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Phone: _____

Brand: _____

Model: _____

Serial Number (if available): _____

Problem:

If your machine will not turn on, please tell us what it was last doing before the malfunction.

Payment:

Credit Card Number: _____ Expiration: _____

I hereby authorize Kitchen Window to perform repairs on this espresso machine up to \$_____ (\$37.50 minimum).
I understand that the cost of shipping the machine back to my address is not included in the repair price.

Signature: _____ Date: _____