RETURN FORM

Warranty Providers Name:	**Disavè Pty Ltd (t/as Disavè Espresso Equipment Suppliers and/or Espressobits)**
Warranty Providers Address:	**ABN: 15 143 885 830** **PO Box 372 Epping VIC 3076**
Customer:	.....
Contact No.	.....
Description of Goods/Machine	.....
information provided:	.....
Serial No:	.....
Model:	.....
	.....
	.....
Invoice enclosed: ***(tick box)***	❒ **Yes** ❒ **No** ❒ **Machine Inv.** ❒ **Spare Part Inv** ❒ **Accessories Inv**
Invoice No:	.....
Description of defects (Give as much detail as possible. Use a separate page if required):	.....
	.....
	.....
	.....
	.....
	.....
Date of purchase/Services provided:	.....
	.....
	.....
	.....

I hereby declare that the information provided above is true and correct and to the best of my knowledge and belief and I have complied with all the conditions of the warranty.

Signed: .....

Name *(please print)*: .....

Dated: .....

[**Please note**, the issue or completion of this form by the Customer does not constitute an admission of liability by Disavè]

© Copyright 1999 - 2019 – #36197,36196.36195