

RETURN FORM

Warranty Providers Name:

Disavè Pty Ltd (t/as Disavè Espresso Equipment Suppliers and/or Espressobits)

ABN: 15 143 885 830

Warranty Providers Address:

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]