

APPLIANCE HEALER DROP-OFF FORM

CUSTOMER INFORMATION

DATE

NAME _____

PHONE NO _____

SECONDARY PHONE NO _____

REPAIR INFORMATION

FOR KITCHENAID STAND MIXERS

NOTE: \$55 UP-FRONT CHECKING FEE

☐ CASH OR

☐ E-TRANSFER Email us: **appliancehealer@gmail.com**

COLOR OF MIXER _____

PLEASE WRITE THE ACCESSORIES THAT YOU ARE LEAVING OR CHECK THE FOLLOWING BOXES THAT APPLY:

☐ BOWL ☐ FLAT-BEATER ☐ DOUGH-HOOK ☐ WHISK

☐ HAND BAG ☐ BOX

☐ OTHER _____

PROBLEM(S) WITH YOUR MIXER DESCRIPTION _____

FOR ESPRESSO MACHINES

NOTE: \$100 UP-FRONT CHECKING FEE

☐ CASH OR

☐ E-TRANSFER Email us: **appliancehealer@gmail.com**

☐ WATER TANK ☐ DRIP TRAY ☐ TAMP ☐ PORTA-FILTER

☐ SINGLE-WALL BASKET(S) ☐ DUAL-WALL BASKET(S)

☐ HAND BAG ☐ BOX

☐ OTHER _____

BRAND NAME _____

PROBLEM(S) WITH YOUR MACHINE DESCRIPTION _____

TO HELP SPEED UP THE PROCESS OF YOUR REPAIR CONSIDER FILLING OUT THE "**PRE-APPROVED** (IN ADDITION TO THE \$100 CHECKING FEE) **AUTHORIZATION**" (OPTIONAL)

IF YOU CHECK THE BOX THAT APPLIES AND SIGN BELOW, YOU AGREE THAT YOU THE OWNER OF THIS APPLIANCE GIVE US THE APPROVAL TO FIX YOUR MACHINE FOR THE SET AMOUNT OF OR BELOW.

☐ KITCHENAID STAND MIXER REPAIRS UP TO \$180.00

☐ ESPRESSO MACHINE REPAIRS UP TO \$250.00 (IN ADDITION TO THE \$100 CHECKING FEE)

SIGNATURE OF OWNER _____