



Fill in by customer

Name customer		Purchase date
Name Distributor		MM/DD/YYYY
Article nr.		
Serial nr.		
Number of cups brewed		
Complaint Yes/No		

- Please attach photo's or video to support your complaint.

Fill in by Aequinox

Name employee		Receiptdate
Optical vision machine		MM/DD/YYYY
Addition		
Correct info?		

Repare needed?

Name of repairer		Return date
Parts needed		MM/DD/YYYY
Hours spend		

STATUS UPDATES

Machine	Repairer	Status	Notes



DONE



BUSY



STUCK



ARCHIVED