



Equipment Repair Authorization

Date: _____ ERA# _____

Company Name: _____

Address: _____

Contact: _____ Phone: _____

Equipment Information: (Please use one form for each piece of equipment)

Brand: _____

Invoice # _____

Model# _____

Customer ID # _____

Serial# _____

Date Purchased: _____

Description of Problem: _____

Warranty Repair: Yes No Proof of Purchase Enclosed: Yes No

Return Instructions:

Ship to: Geothermal Supply Company Inc
Attn: Repair Department
106 Cherry Street
Horse Cave, KY 42749

- If warranty repair, you MUST enclose a copy of the ORIGINAL invoice.
 - Please keep a copy of your Tracking # for Proof of Delivery
 - Enclose this form in box with equipment to be repaired.
 - Use one form for each piece of equipment to be repaired.
- Insure contents with your carrier. Equipment can be damaged in route.
- All Repairs Must have ERA# & Form filled out *** NO EXCEPTIONS***