

Diagnostic/Repair Authorization

Contact Information

CUSTOMER NAME

STREET ADDRESS

CITY

STATE

ZIP

EMAIL

PHONE

ALT PHONE

PREFERRED CONTACT METHOD

HOW DID YOU HEAR ABOUT US?

PHONE

EMAIL

GOOGLE

BING

TEXT(SMS)

YAHOO

YELP

OTHER

YARD SIGNS

CRAIGSLIST

OTHER

Device Information

WHAT TYPE OF DEVICE ARE YOU HAVING REPAIRED?

IPHONE

IPAD

IPOD

SAMSUNG PHONE

KINDLE

OTHER TABLET

OTHER PHONE

DESKTOP

LAPTOP

GAME CONSOLE

DIGITAL CAMERA

PRINTER

OTHER

DEVICE MODEL

COLOR

CARRIER

SERIAL #

PASSWORD

DESCRIPTION OF PROBLEM

Repair Price Quotation

ESTIMATED REPAIR PRICE (leave blank if unsure)

INITIAL IN BOX TO AGREE WITH ESTIMATED REPAIR PRICE

Disclaimer

My signature indicates that I give _____ permission to service my device.

I agree that I am responsible for all fees once the services begin and will make the payment before it is shipped back or picked up in store. If the fee exceeds the estimate, a verbal authorization will suffice as my agreement to the additional fees and to proceed with the services. Additionally, I understand that _____ will make every effort to restore my device's condition and is not liable for unforeseeable damages, any data stored on the phone, or claims of damages.

Liquid Damage:

I understand there is no guarantee for liquid treatment phones. I agree to pay \$25 or leave my phone as payment for Repairs time and labor if the phone is unrepairable.

SIGNATURE (type name here)
