



# Mail-in Repair Form

## Contact Information

Customer Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

E-Mail \_\_\_\_\_ Phone \_\_\_\_\_

## Device Information

Model \_\_\_\_\_ Color \_\_\_\_\_ Password \_\_\_\_\_ Or Pattern 

Repair Purchased \_\_\_\_\_ IMEI \_\_\_\_\_

Other/Special Instructions:

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Disclaimer:**

You must print and include the purchased invoice for this order with your device. Failure to do so may cause a delay in repair or your device to be returned unrepai