

DIAGNOSTIC/REPAIR AUTHORIZATION FORM

CONTACT INFORMATION			
CUSTOMER NAME			
STREET ADDRESS			
CITY	STATE _		ZIP
EMAIL		PHONE _	
HOW DID YOU HEAR ABOUT	'US?		
DEVICE INFORMATION			• • •
MODEL	_ COLOR	PASSWORD	OR PATTERN • • •
DESCRIPTION OF PROBLEM			
ESTIMATED REPAIR PRICE _	+ \$5.95 I	Return Shipping & Har	ndling
shipped back or picked up in my agreement to the addition AzCellphones will make ever	store. If the fee exceed nal fees and to proceed by effort to restore my o	ls the estimate, a verb I with the services. Ad device's condition and	make the payment before it is al authorization will suffice as ditionally, I understand that is not liable for unforeseeable left after 30 days will be resold
9	e as payment for AzCel	lphones', time and lab	liquid damage treatment. I agree or, if the phone is unrepairable.
SIGNATURE		DATE	