

# REPAIR FORM



10517 DIX AVE,  
DEARBORN, MI, 48120  
(313)843-2565

\_\_\_\_\_  
First & Last Name

\_\_\_\_\_  
Phone #

\_\_\_\_\_  
Salesperson

\_\_\_\_\_  
Email

Paid

Yes

No

\_\_\_\_\_  
Model

\_\_\_\_\_  
Password

\_\_\_\_\_  
Total Due

\_\_\_\_\_  
ESN-IMEI

\_\_\_\_\_  
Pattern

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Payment Method

Credit/Debit Card

Cash

Other

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## DEVICE ARRIVAL STATUS

Store Use Only

Tested Working Condition

Yes

No

Crushed- Bent

Yes

No

Device Powers On

Yes

No

Device Disabled

Yes

No

Comments:

X

\_\_\_\_\_  
Customer Signature

\_\_\_\_\_  
Date