



# ROCKIT REPAIRS, INC.

## Diagnostic/Repair Authorization

### Contact Information

CUSTOMER NAME

STREET ADDRESS

CITY

STATE

ZIP

EMAIL

PHONE

ALT PHONE

PREFERRED CONTACT METHOD

- PHONE       EMAIL
- TEXT(SMS)
- OTHER

HOW DID YOU HEAR ABOUT US?

- GOOGLE       BING
- YAHOO       YELP
- 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 [RockIT Repairs](#) 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 RockIT Repairs 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 RockIT Repairs time and labor if the phone is unrepairable.

SIGNATURE (type name here)

