



26911 Southfeild Rd  
Lathrup Village, MI 48076  
248-PHONE-DR  
248-557-3434

## REPAIR/SERVICE EVALUATION

For a free diagnosis of your equipment and evaluation of the damage or service required to resolve your equipment situation, please fill out the following as completely as possible and submit it along with equipment you are mailing to us, you can you use the above address and make it Att:Service Dept. We always try our best to resolve your equipment issues.

Name: First: \_\_\_\_\_ Last: \_\_\_\_\_

Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Best Contact Time: \_\_\_\_\_

Where should we return your phone: (Check box if same as address above )

Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

## DEVICE INFORMATION

Manufacturer: \_\_\_\_\_ Model: \_\_\_\_\_ Color: \_\_\_\_\_

Wireless Carrier: Verizon Sprint AT&T Tmobile

Other (please list other carrier) : \_\_\_\_\_

Date purchased: \_\_\_\_\_ Do you have insurance for your device? Yes No

## REPAIR/SERVICE ISSUES

Please note how your device was broken/stopped working (Dropped, cracked, liquid damage, etc.):



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Is there a specific part on your equipment that has failed, or stopped working? If so, please describe the issue (can't hear, no ringer, no vibrate, can't charge, etc.)

Please include the password for your phone if it has one, or please remove it. This is required to test equipment, and will be confidential.

Password: \_\_\_\_\_

- **Be sure to send us your battery to your phone.**
- **Please remove memory card and sim card before sending phone, these items can be lost in the repair process and we will not be held responsible.**
- **One of our representatives will call you once they have diagnosed your phone, but if you have any questions, please contact us 3-5 business days after you send us your device.**

**Thank you for choosing WIRELESS PHONE DOCTORS!**