



## 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 Phon	ne:
Best Contact Time: _				
Where should we ret	urn your pho	ne: (Check box if same as	address above )	
Street:		City:	State: _	Zip:
DEVICE INFORMAT	ION			
Manufacturer:		Model:	Color:	
Wireless Carrier:	Verizon	Sprint AT&T	Tmobile	
Other (please list oth	ner carrier) :			
Date purchased:		_ Do you have insurance	for your device? Ye	es No
DED A ID /SED\/ICE IS	CIIEC			

## KELVIK/2FKAICE 1220E2

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



Is there a specific part on your equipment that has failed, or stopped working? If so, please describe the issued
(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.

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Password:		
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- 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 diagosed 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!