



MAIL IN FORM

Please print, fill out, and send this form with your device.

Name: _____ Email: _____ Cell Number: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Device Make and Model _____

Device IMEI or ESN (serial number) _____

Explain problem(s) with device _____

Carefully package your phone in a small box or a padded envelope. Please request a delivery confirmation or tracking number. For your safety, you may want to insure the package.

We will contact you within 24 hours of receiving your device to provide you with an estimate. Upon your approval and receiving payment, we will repair your device and ship it back to you as soon as possible. Return shipping fee may apply. Contact the location for details.

We accept all major credit cards.

Customer's Signature: _____

Date: ___/___/202__

Shipping Address:

One Hour Device Repair, 7867 Leary Way NE, Redmond WA 98052