



PLEASE INCLUDE THIS SECTION INSIDE YOUR BOX

Contact Name _____.

Email Address _____.

Manufacturer _____.

Model Number _____.

Phone _____.

Preferred Contact (circle one) Phone Email

Model _____.

IMEI/ESN _____.

Please Explain the Issue(s):

Password/PIN or Unlock Code

(_____)

Pattern Passcode

○	○	○
○	○	○
○	○	○

Signature: _____.

Print Name: _____.

SHIP TO:

MOBILE PHONE MEDIC
MAIL IN REPAIRS
507 E Lilipad Ln
Newaygo, MI 49337

RETURN ADDRESS:

Disclaimer: If paying with a Credit Card, the Return Address must match the Billing Address of the Credit Card.
