

## Mobile Mend Info Sheet

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email address: \_\_\_\_\_

Preferred shipping address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Device problem/work requested: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Device passcode required for testing: \_\_\_\_\_

Any special instructions for us: \_\_\_\_\_

\_\_\_\_\_

Can restore: Yes / No

Please indicate whether or not we have your permission to restore your device to factory settings - if required for the repair (we will not restore unless necessary, and never without your permission).