



GEFNET I.T. Services, LLC

Diagnostic/Repair Form

Contact Information

CUSTOMER NAME

STREET ADDRESS

CITY

STATE

ZIP

EMAIL*

PHONE

ALT PHONE

PREFERRED CONTACT METHOD

PHONE

EMAIL

TEXT(SMS)

OTHER

HOW DID YOU HEAR ABOUT US?

GOOGLE

BING

YAHOO

YELP

Social Media

Word of Mouth / Referral

OTHER

Device Information

WHAT TYPE OF DEVICE ARE YOU HAVING REPAIRED?

IPHONE

SAMSUNG PHONE

OTHER PHONE

DESKTOP

LAPTOP

OTHER

DEVICE MODEL

COLOR

CARRIER

SERIAL #

PASSWORD

DETAILED DESCRIPTION OF PROBLEM

Repair Price Quotation

ESTIMATED REPAIR PRICE (If you were given one)

INITIAL IN BOX TO AGREE WITH ESTIMATED REPAIR PRICE

Disclaimer

My signature indicates that I give [GEFNET I.T. Services](#) permission to service my device.

I agree that I am responsible for all fees once the services begin and will make the payment before it is shipped back or picked up in store. If the fee exceeds the estimate, a verbal authorization will suffice as my agreement to the additional fees and to proceed with the services. Additionally, I understand that GEFNET I.T. Services will make every effort to restore my device's condition and is not liable for unforeseeable damages, any data stored on the device, or claims of damages.

Liquid Damage:

I understand there is no guarantee for liquid treatment phones. I agree to pay \$25 or leave my phone as payment for GEFNET I.T. Services time and labor if the phone is unrepairable.

SIGNATURE (type name here then sign once printed)

Any other comments or additional informational can be entered here.

HOW IT WORKS

Mail it or
BRING IN
YOUR
DEVICE

Include your equipment and any necessary parts, cables or accessories

DISCUSS
SYMPTOMS

Let us know any additional details of the repairs needed

WE RUN
DIAGNOSTICS
THEN REPAIR

After running diagnostics, our certified technicians will get to work fixing your equipment

PICK UP
YOUR
DEVICE

We'll contact you when your equipment is ready to be picked up or shipped out.