

First Name:						
Last Name:						
Phone Number (NOT the # of the Device being Serviced):				Phone Number to Device being serviced:		
Email Address:						
Service Requested:				Price Quoted:		
Customer Address						
	Address		City		State	Zip
Device Information:	Phone Manufacturer: <input type="checkbox"/> Apple <input type="checkbox"/> Samsung <input type="checkbox"/> LG <input type="checkbox"/> HTC <input type="checkbox"/> Other: _____					
	Model:		Storage Size:		Color:	Carrier:
	IMEI/Serial Number:			Passcode:		
Remember to attach receipt to completed paperwork.	Today's Date:		Arrival Time:		Due/Pick-up Date:	
					Due/Pick-up Time:	
	Pre-Repair Device Inspection			Post-Repair Device Inspection		
Liquid Damage:	<input type="checkbox"/> Yes	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	<input type="checkbox"/> Yes	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Jailbroken or Rooted:	<input type="checkbox"/> Yes	<input type="checkbox"/> NO	<input type="checkbox"/> N/A			
Unlocked or Flashed:	<input type="checkbox"/> Yes	<input type="checkbox"/> NO	<input type="checkbox"/> N/A			
Previously Repaired:	<input type="checkbox"/> Yes	<input type="checkbox"/> NO	<input type="checkbox"/> N/A			
Frame Damage:	<input type="checkbox"/> Yes	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	<input type="checkbox"/> Yes	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Digitizer Damage:	<input type="checkbox"/> Yes	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	<input type="checkbox"/> Yes	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
LCD Damage:	<input type="checkbox"/> Yes	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	<input type="checkbox"/> Yes	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Device is unable to be turned on prior to repair for Device Inspection			<input type="checkbox"/> Yes <input type="checkbox"/> NO			
	Yes (Working)	No (Not Working)		Yes (Working)	No (Not Working)	
Volume Button:	<input type="checkbox"/> Yes	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	<input type="checkbox"/> Yes	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Mute Switch:	<input type="checkbox"/> Yes	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	<input type="checkbox"/> Yes	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Vibration :	<input type="checkbox"/> Yes	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	<input type="checkbox"/> Yes	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Power Button:	<input type="checkbox"/> Yes	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	<input type="checkbox"/> Yes	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Home Button:	<input type="checkbox"/> Yes	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	<input type="checkbox"/> Yes	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
WiFi:	<input type="checkbox"/> Yes	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	<input type="checkbox"/> Yes	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Cell Service/Call:	<input type="checkbox"/> Yes	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	<input type="checkbox"/> Yes	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Proximity Sensor:	<input type="checkbox"/> Yes	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	<input type="checkbox"/> Yes	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Ear Speaker:	<input type="checkbox"/> Yes	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	<input type="checkbox"/> Yes	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Phone Microphone:	<input type="checkbox"/> Yes	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	<input type="checkbox"/> Yes	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
External Speaker:	<input type="checkbox"/> Yes	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	<input type="checkbox"/> Yes	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
External Microphone:	<input type="checkbox"/> Yes	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	<input type="checkbox"/> Yes	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Headphone Jack:	<input type="checkbox"/> Yes	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	<input type="checkbox"/> Yes	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Rear Facing Camera & Flash:	<input type="checkbox"/> Yes	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	<input type="checkbox"/> Yes	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Front Facing Camera:	<input type="checkbox"/> Yes	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	<input type="checkbox"/> Yes	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Charge Port:	<input type="checkbox"/> Yes	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	<input type="checkbox"/> Yes	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Fingerprint Scanner:	<input type="checkbox"/> Yes	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	<input type="checkbox"/> Yes	<input type="checkbox"/> NO	<input type="checkbox"/> N/A

(Signature and Initials below must be of a Parent or Guardian if the customer is under the age of 18)

Initial: _____ I certify that I am the owner of the device described in this document. In the event that I am found not to be the true owner of this device, I assume all liability for any claim made as a result of the repair services rendered by the Cellairis franchisee; this includes claims that assert negligence on the part of the Cellairis franchisee.

Initial: _____ I have reviewed and agree with the Pre-Repair Device Inspection.

Initial: _____ I understand that technical support rendered by the Cellairis franchisee may void manufacturer warranties for this device. The Cellairis franchisee does not assume any liability or warrant in the event that the manufacturer warranties are voided.

Initial: _____ Except for the Limited Warranty for Wireless Device Repair (found on www.cellairis.com AND available upon request), I understand that the Cellairis franchisee offers no verbal or written warranty, either express or implied, regarding the success of this technical support.

Initial: _____ Cellairis has the sole discretion to determine whether content is prohibited Content (as defined within Section 10 of the "Terms of Use Policy" found on www.cellairis.com), and any content found on a wireless device or personal computer submitted to the store for repair or diagnosis, may be subject to examination from time to time. Although Cellairis and its independently owned and operated franchisees do not and will not examine and review all content submitted on any device that is being repaired on the customer's behalf, Cellairis or the independently owned and operated franchisee operating the store may delete, move and edit materials for any reason, at any time, without notice.

Initial: _____ Specifically, any Content discovered on a wireless device or personal computer that is deemed in the sole discretion of Cellairis or its independently owned and operated franchisee to be in violation of Title 18 of the United States Code, Sections 2251 et seq. (sexual exploitation of children) may be reported and disclosed to appropriate law enforcement agencies.

Initial: _____ All content (whether private or public) that is on the device being repaired is the sole responsibility of the person who submitted it. Thus, you are responsible for your content.

Initial: _____ You acknowledge that the technician may disclose content observed on the device being repaired if legally required to do so.

Liability Waiver:

Please be advised that this device is being repaired by an independently owned and operated Cellairis franchisee.

You should know that we take caution while repairing your device; however, there is always a possibility that something could go wrong. By signing below, and in exchange for the services being rendered, you acknowledge that the Cellairis franchisee is not an authorized service dealer and the parts used for repairs may not be provided by original manufacturers. Further, by signing below, you agree to release, indemnify, and hold harmless the Cellairis franchisee and Cellairis Franchise, Inc., Cellairis SNS, LLC (and their respective affiliates) from any installation on your device. By signing below, you agree not to take any legal action in any forum against Cellairis Franchise, Inc., Cellairis SNS, LLC or their affiliates, and your signature shall act as a complete and full release as an affirmative covenant not to sue.

We **HIGHLY RECOMMEND** that you backup your data for your safekeeping. Understand that the Cellairis franchisee is not responsible for any data loss.

Customer Acknowledgment: All of the information here (including the Pre-Repair Inspection) is 100% correct to the best of my knowledge

Customer Signature:

Date:

Technician Name:

Time Stamped and Initialed Notes:

Customer Acknowledgment: I have reviewed and agree with the Post-Repair Device Inspection.

Customer Signature:

Date:

(Signature and Initials above must be of a Parent or Guardian if the customer is under the age of 18)