

LAPTOP JACKS SERVICE FORM

Ship your laptop to:

Attn: Service Department
Laptop Jacks, Inc.
19501 W Country Club Dr #1609
Aventura, FL 33180
305.792.2644

**Please fill out this form completely, intial each page and
acknowledge the terms and condition**

Customer Contact Infromation

Company's Name: _____

First Name: _____ Last Name: _____

Phone: _____ Alt Phone: _____

Email: _____

Customer Shipping Address

Street: _____

City: _____ State: _____ Zip Code: _____

Make & Model

Included Accessories

AC Adapter Battery

Customer Laptop Needs

To Be Diagnosed

To Be Repaired

Description:

Initials: _____

Payment Information

Money Order PayPal (Send it to: sales@laptopjacks.com)

Credit Card

Customer Billing Address

Company's Name: _____

First Name: _____ Last Name: _____

Billing Address _____

City, State _____ Zipcode _____

Credit Card #: _____ Exp Date: _____

Terms and Conditions

* Under no circumstances will Laptop Jacks, Inc. or employees be responsible for lost data.

We highly advise to back up all your data.

* Under no circumstances will Laptop Jacks, Inc. or employees be responsible for any damages of any kind during shipping. The customer is responsible to properly and safely packing their device. We highly recommend to add insurance when shipping.

* The customer acknowledges and agrees to make full payment within 14 business days after the requested repair is completed. If the undersigned fails to make the payment by the deadline the device will be considered abandoned and Laptop Jacks will hold the right to sell

By signing this document, I, the customer, acknowledge and agree to all the terms and conditions hereby disclosed.

Print Name: _____

Signature: _____

Date: _____