

LAPTOP JACKS SERVICE FORM

Ship your laptop to:

Attn: Service Department / Mark
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: _____
text

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 ☐ Zelle (Send it to: **sales@laptopjacks.com**)

Customer Billing Address

Company's Name: _____

First Name: _____ Last Name: _____

Billing Address _____

City, State _____ Zipcode _____

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: _____