

## SERVICE COMPLETION RECEIPT

Technician	:	
Date	:	
Customer name	:	
	Repair Completed	
Notes	:	

#### **USER AGREEMENT**

By signing this document customer agrees that Tech Medics has completed the service(s) listed for the device(s) above. Customer understands that Tech Medics is not responsible for any data loss that may have occurred while in possession of the device(s). Tech Medics will warranty work performed on the device(s) listed above for 30 days from the day of pickup This warranty does not cover accidental damage caused by customer to service part or device listed.

Signature	•			
signature	•			

#### **More Information:**

- 3764 Eisenhower Parkway Macon Ga 31206
- **478-259-6371**
- www.MyTechMedics.com

**THANK YOU** 





# SERVICE REQUEST SHEET

Full Name	:					
Date	:					
Phone Number	: ————— Email :					
Address	:					
Issue with device	:					
Device Model	: Device Serial Number :					
Text	Message Promotions Mailing Promotions Email Promotions					
Do you have a back	tup of your data : YES/NO      Device passcode :					
Have you disabled	find my iPhone : YES/NO					
Additional Details	About Repair					
ALTERNAT	TIVE CONTACT					
Contact Name: _	Contact Number:					
USER AGR	REEMENT					
understands that Tech Medics will	document customer agrees to allow Tech Medics to perform service on listed device above. Customer Tech Medics is not responsible for any data loss that may occur while in possession of the device listed. Contact you 3 times within a 30 day period when the device is ready for pickup. After the 31st Day if full the device will be marked abandoned. Tech Medics will then take ownership of the device or the device may be recycled. Please sign below agreeing to these terms.					

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- **478-259-6371**

Signature :

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**THANK YOU** 

