# iPadRehab Info Sheet

Office Use Only

TICKET

Intake Date _____

Complete  Board in Back  Board Only

Notes:

**Name:**

**Shop name** *(If applicable):*

**Estimate Number:**

**Phone number:** *(Where we can reach you)*

**Email address:**

**Billing email- if different:**

**Preferred return shipping address:**

**Device problem/work requested:**

Device:

**Device passcode required for testing and data recovery**

**Rush service requested:** **yes** ☐ / **no** ☐

*(Additional fee- see website for Rush service fees.)*

**Can restore:** **yes** ☐ / **no** ☐

*(Indicates whether or not we have your permission to restore your device to factory settings, if required for the repair. We will not restore unless necessary, and never without your permission.)*

***FINE PRINT*** * Do not send your cases * Do not send assembled iPads unless getting new screen * We will charge a $20 reassembly fee for devices being sent back as no fix that customer requires full reassembly ***Passcode policy:** Correct passcode is required for data recovery. For customers choosing to send us a device as "no passcode" when the device does have a passcode, this can risk your path to data if the device can only boot once. If we provide a path to data- customer is responsible for full data recovery costs- even if they provided wrong passcode and we cannot extract data. **We have a $49 missing passcode processing fee for any device sent that does not have the correct passcode at intake.**

*By signing below I acknowledge that I fully understand the policies and approve the estimate provided.*

**Customer Signature:** _____