

iPadRehab Info Sheet

Name:

Shop name (If applicable):

Estimate Number:

Phone number: (Where we can reach you)

Email address:

Billing email if different from your email:

Preferred shipping address:

Device problem/work requested:

Device passcode required for testing:

Any special instructions for us--including time issues:

Can restore yes/no:

Indicate 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).

***Do not send your cases * Do not send assembled iPads unless getting new screen ***

Office Use Only		
<div style="border: 1px dashed gray; padding: 20px; font-size: 48px; opacity: 0.5;">TICKET</div>		
Intake Date _____		
Complete	Board in Back	Board Only
Notes:		