



SIMPLE CELL REPAIR

Mail-in Repair Form

Contact Information

Customer Name _____

Street Address _____

City _____ State _____ Zip _____

E-Mail _____ Phone _____

Device Information

Model _____ Color _____ Password _____ Or Pattern 

Repair Purchased _____ IMEI _____

Other/Special Instructions:

Signature _____ Date _____

Disclaimer:

You must print and include the purchased invoice for this order with your device. Failure to do so may cause a delay in repair or your device to be returned unrepared.