

Ticket #_

WIRELESS WORK ORDER

Date: _____

____ Checked In By

Price Quoted: ____

Minimum: \$25 phones/\$50 tablets

PLEASE PRINT CLEARLY Time Quoted: _____

| Name: | Email: | | | | | | | |
|------------------------------------------|------------------|-----------------------------|---|---|--|--|--|--|
| Address: | City: | _ State: ZIP: | | _ | | | | |
| | Alternate Phone: | | | | | | | |
| How Did You Hear About Us? | Device Backed Up | | | Ν | | | | |
| Device Previously Serviced? Y N By Whom: | Liquid Damage: Y | N Touch/Face ID Functional? | Y | N | | | | |
| Make & Model: Storage S | bize: Carrier | ::Color: | | | | | | |
| Symptoms/Issues: | | | | | | | | |

DATA POLICY

Personal data may be viewed during the course of repair and this data will be kept STRICTLY CONFIDENTIAL and never shared, published or distributed in any way unless require by law. I understand that data loss is possible and that it is MY SOLE RESPONSIBILITY to ensure critical data is backed up prior to service. I certify that iCare shall not be held responsible nor liable for any data loss at any time, nor any financial or emotional repercussions of said data loss.

WARRANTY POLICY AND EXCLUSIONS

I understand that iCare provides a lifetime warranty on parts and a seven (7) day warranty on software services (e.g. installation, upgrade, virus/malware removal) beginning on the date the original, paid service is completed. After this period, services will be charged at the full rate. I understand it is my responsibility to contact iCare immediately if there is any issue with my device(s) and failure to do so may void this warranty. There is NO warranty on soldering work or hinge repair.

I understand that AT NO TIME does iCare's warranty cover customer-supplied parts, liquid damaged devices, re-breakage, soldering work, hinges, batteries, MacBook display repair services, or devices that have been previously or subsequently serviced by any entity or person other than iCare. I further certify that AT NO TIME shall iCare be liable for any further breakage of, or problems with, my device(s). Attempting repairs will void all water resistance of the device.

IF LOCK CODE IS NOT PROVIDED PRIOR TO THE REPAIR WE CANNOT FULLY TEST AND SO THE REPAIR CAN NOT BE WARRANTIED

I understand that my device(s) may fail at any time, regardless of condition, and that the very act of attempting repair may cause my device(s) to fail. Failure may be temporary or permanent and I certify that iCare shall not be liable or responsible should that happen. I understand that device repair/flashing/unlocking/jailbreaking can cause my device(s) to become "locked" or "bricked" or otherwise unusable and I certify that iCare shall be AT NO TIME liable or responsible for this occurrence.

I understand that any services performed by iCare are not covered by any manufacturer or third-party warranty and may void any such applicable warranty. I certify that iCare shall not be held liable in any issue arising from such voidance.

I understand that TO FILE ANY WARRANTY CLAIM I will need to provide the original receipt and any accompanying paperwork that was given to me upon pick up of my device(s). If I do not have these items, I certify that I release iCare from any and all warranty obligations and accept whatever remedy iCare deems appropriate.

PARTS POLICY

I understand that any and all parts removed for repair will not be retained and/or returned unless I specifically request it in writing on the original work order at the time of repair. I certify and understand that at no time will iCare be responsible for customer-supplied parts and will not replace them should anything happen to them before, during or after repair.

SHIPPING POLICY

iCare ships devices via USPS or FedEx with a tracking number. I understand that I must write the full and correct shipping address on the work order. I also agree to pay appropriate shipping charges, should I require my device(s) to be shipped. I certify iCare is not liable for any shipping errors or damage during shipping.

MINIMUM SERVICE CHARGE POLICY

I understand that there is a minimum service charge that applies to ALL service and/or repair work performed at iCare. I agree to pay any and all charges associated with my device. Minimum charges VARY BY DEVICE and START at \$25 for phones and \$50 for everythinge else (tablets, computers, drones, etc.).

DEVICE ABANDONMENT POLICY

I understand that I have thirty (30) days after the completion of service to pay for and/or pick up my device(s). After the thirty (30) day period, I understand that my device(s) will be considered abandoned and become the sole property of iCare. I understand that once my device(s) is/are considered abandoned no refunds will be issued, even if I have prepaid for services and/or repairs. I understand that iCare will make a good faith attempt to contact me using the information I provide on this form, but it is MY SOLE RESPONSIBILITY to contact iCare regarding my device(s).

By signing below, I acknowledge that I have read and understood these terms and conditions and hereby authorize iCare, its subsidiaries, affiliates, and/or agents to attempt services on my device(s) as laid forth in this document. If additional issues are discovered, iCare will attempt to contact me for authorization before proceeding with services or repairs.

| Signature: | Date: |
|------------|--------------------------------------------------------------------------------------|
| | We know that your device is important and we appreciate you choosing us. Thank you!! |

iCare is not affiliated with Apple, Samsung, LG nor any other manufacturer. Use of, or reference to, these names/brands does not imply any affiliation with, nor endorsement, by any device manufacturer. All product and company names are trademarks (TM) or registered (R) trademarks of their respective holders. All parts used are third-party, after-market or remanufactured, unless specified otherwise, and may or may not be manufactured to the original manufacturer's specifications.

Repair & Diagnostics Report

Lock Code: _____ Device Number: _____ Time in: _____

Pre-Inspection Notes: _____

| Pre-Service Checks | | Post-Service (| Checks | | | | | | |
|-------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|--|-------------------------------|------|-------------------------|-------------|--|
| Power Button | | Screw/Shields Present | | | | | | | |
| Device Responsive | | Waterm | arks Not Activated | | | | | | |
| LCD/OLED Functional | | Power Button Device Responsive LCD/OLED Functional | | | | | | | |
| Digitizer Functional | | | | | | | | | |
| Home Button Functional | | | | | | | | | |
| LED Functional | | Digitizer Functional | | | | | | | |
| Touch/Face ID Functional | | Home Button Functional LED Functional Touch/Face ID Functional Front Camera Functional | | | | | | | |
| Front Camera Functional | | | | | | | | | |
| Rear Camera Funcitonal | | | | | | | | | |
| Headphone Jack Functional | | | | | | | | | |
| Volume Buttons Functional | | Rear Ca | mera Functional | | | | | | |
| Vibrate/Mute Switch Functiona | 1 | Headphone Jack Functional Volume Buttons Functional | | | | | | | |
| Sound Through Speaker | | | | | | | | | |
| Sound Through Receiver Primary Microphone Functional | | Vibrate/Mute Switch Functional Sound Through Speaker | | | | | | | |
| | | | | | Secondary Microphone Function | onal | Sound Through Receiver | | |
| Test Call Test Call Test Call Constraints Sensor Functional Soft Keys Functional SIM Card Tray Ejects WiFi Functional Cellular Connection | | Primary Microphone Functional Secondary Microphone Functional Test Call Proximity Sensor Functional Soft Keys Functional Charge Port Functional SIM Card Tray Ejects | | | | | | | |
| | | | | | S-Pen/Stylus Functional | | WiFi Functional | | |
| | | | | | Reboot Device | | Cellular Connection | | |
| | | | | | | | S-Pen/Stylus Functional | | |
| | | | | | | | Reboot Device | | |
| | | | | | Coconut Battery Percenta | ge | Amps Wh | le Charging | |
| | | | | | Phone Serial/ESN/IMEI: | • | _ | • • | |
| Technician Notes: | | | | | | | | | |
| | | | | | | | | | |
| Technician Completed Repair: | | | Date: Time: | | | | | | |
| Contacted Customer (1st): | Contacted Customer | · (2nd): | Contacted Customer (3rd): | | | | | | |
| Date Tech: | Date Tech: | | Date Tech: | | | | | | |
| Result | Result | | Result | | | | | | |
| | | | | | | | | | |
| Entered in Repair Q □ | Entered in Repair Q 🛛 | | Entered in Repair Q 🛛 | | | | | | |
| | | | | | | | | | |

Thank you for choosing iCare. We truly appreciate you trusting us with your device!