Please include a completed copy of this form with your shipment & ship it to the address on the same form





58 Hobart Street Hackensack, NJ 07601 212-673-8400

Minimum return shipping fee \$30 includes up to \$500 insurance and signature required.

Equipment information:			Type of Request: (Please select one)	
Brand Name:			Estimate	
Model:			Warranty (include sales receipt	
Serial Number:			Redo. Prior repair #	
	esponsible for any accessories)		Pre-Approved up to: \$	
Contact information:				
First Name:	Last Name:		E-mail:	
Address:		City:	State: Zip:	
Home Phone:	Cell Phone:	W	Work Phone:	
electronic equipment. Conse we attempt repair. By signing PTRS cannot be held	· · ·	oonsible for devices all liability related t ances for Non-Ope	rational Devices after repair or	
There is a 3-month w cleanup, impact damage, mis		ling on brand and	model (not covering liquid damage	
MINIMUM DIAGNOS	TIC FEE INCLUDES RETURN SHIPF	PING OF \$30 ON M	IOST MODELS.	
PHOTOTECH / CHRYSLER	ESSORIES IF THEY ARE NOT R CAMERA CAN NOT BE HEL Y CARDS, STRAPS, HOODS,	LD RESPONSIBLI		
I have read and acknowledge	the prior terms of this agreeme	nt.		
Signature of agreement:			Date:	