

Please print, fill out, and send this form with your device.

Name	Address
City	C: /D :
Zip/Postal Code	Contact Number
Alternate Number	
Device Make and Model	
Device IMEI or ESN (serial number)	
confirmation or tracking no We will contact you via e-mai with an estimate. Upon your a	in a small box or a padded envelope. Please request a delivery umber. For your safety, you may want to insure the package. il after receiving your device as soon as possible to provide you approval and receiving payment, we will repair your device and as soon as possible. Contact the location for details.
	We accept all major credit cards.
Customer Signature	Date

HALL OF TECH APPRECIATES YOUR BUSINESS AND INVITES YOU TO CALL US WITH ANY QUESTIONS OR CONCERNS. THANK YOU!

Ship to: Hall Of Tech 15270 Rosecrans Ave Suite 29 La Mirada, CA 90638 Contact number: (657) 210-5550

Email: info@halloftech.com