

CU	CUSTOMER INFORMATION:									TIME:				
	Name	:						7		Date:	Time	e:		
	Phone#: Email: Zip:									Repair Length:	<u> </u>			
	Referral by:									Next Update:				
CC	CONDITION:								DE	VICE:				
		Power LCD Touch External Charge Speakers						\neg		Device Name:				
		Front Camera	Back Camera	WiFi	Carrier	☐ Water Damage	Headphone Jack			Serial:				
	Notes:									Passcode:		•		
								·						
IN'	VOI	CE												
		Items:						Price:		Quantity:	Discount:	Total:		
	01										9/	6		
	02										9/	6		
	03										9	6		
	04										9/	6		
	05										9/	6		
	06										9/	6		
	07										9	6		
	08										9/	6		
	09										9	6		
	10										9	6		
	11										9	6		
	12										9	6		
												•		
AG	AGREEMENT:								PRICE:					
	l ur	I understand that uBreakiFix is not responsible for the potential corruption/loss of data								Subtotal:				
	on the device being worked on. I understand that I need to pick up my device within 30 days of being notified or uBreakiFix will recycle/dispose of it properly. I understand that the condition of my device is accurately stated above.									Tax (%):				
								11.		Payment Type:				
										Amount Paid:				
											unt Due:			
	Signature:										Total:			