

Device Mail-In Form

Note: All personal information is held securely in accordance with appropriate legislation, is confidential and treated appropriately.

Client Information:	
First Name:	Last Name:
Phone #:	Email:
Street Address:	
City	State Zip
Device Information:	
Make: Model:	Operating System:
Password / PIN:	Serial# / IMEI / MEID*:
Is the device under warranty: [] Yes [] No If YE	S, Manufacturer:
General Description of Problem:	
Customer Signature:	Date:
	uarantee that your item can be fixed or that the repair will amage inside your device and will report it to you.
are not responsible	. Do not send your charger, SIM card, or memory card. We for any additional items. er as we will likely need these for testing purposes.
carrier you choose but we rely on UPS as our preferr	both insurance and delivery confirmation. You may use any ed shipping provider. After your device is shipped we will ry confirmation. You will be billed for return shipping.
	ectronic device typically inside the battery cover or you may or on an outer label for laptops and desktops.
We accept all major forms of credit cards. V	Ve accept payment over the phone or by PayPal.

We Appreciate Your Business!



You may use the following template and affix it to your box

Please Print & Cut	
	Texoma Network Solutions
	ATTN: Device Repairs
	410 W FM 120
	Pottsboro, TX 75076
	Please Print & Cut