



DEFECTIVE PRODUCT WORKSHEET

CUSTOMER NAME AND ADDRESS:	DEVICE TYPE: SERIAL NUMBER:
STORE OF PURCHASE:	DATE OF PURCHASE (ATTACH COPY OF RECEIPT):
EMAIL ADDRESS: CONTACT PHONE NUMBER:	NOTE: DEVICE WITHOUT THE ORIGINAL BOX OR MISSING PARTS MAY DELAY THE WARRANTY PROCESS OR MAY NOT BE COVERED UNDER THE MANUFACTURER WARRANTY POLICY. CUSTOMER SIGNATURE: _____

SUMMARY OF PROBLEM EXPERIENCED WITH THE DEVICE:

- () NOT WORKING AT ALL () BATTERY DOOR () SCREEN ISSUE () NOT CHARGING () INTERNAL BATTERY
() TANK ISSUE () OTHER PROBLEM NOT LISTED: _____

(OFFICE USE ONLY BELOW THIS LINE)

THE MANUFACTURER IS UNABLE TO COVER ANY DEVICE UNDER THE WARRANTY POLICY IF SIGNS OF PHYSICAL DAMAGE (ABUSE, NEGLIGENCE, LIQUID INTRUSION) REGARDLESS IF ACCIDENTAL OR NOT ARE DISCOVERED.

DAMAGES DISCOVERED BY THE TECH TEAM DIAGNOSING THE DEVICE:

- () LIQUID INTRUSION () PHYSICAL DENTS OR MARKS () DEVICE OPENED PREVIOUSLY
() MISSING BOX/PARTS OTHER NOT LISTED: _____

IS THIS PRODUCT COVERED UNDER THE MANUFACTURER WARRANTY REPLACEMENT POLICY?:

- () YES () NO

NOTE: () THIS PRODUCT IS BEING RETURNED AS IS () PRODUCT WAS REPAIRED () REPLACED WITH NEW

DATE RECEIVED: _____ DATE RETURNED TO CUSTOMER: _____

CUSTOMER SIGNATURE UPON RECEIPT OF COMPLETED FORM: _____

FORM REVIEWED BY MANAGEMENT: _____