



MAIL-IN WORK ORDER

Date & Time: _____

Price Quoted (for shop use): _____

Time Quoted (for shop use): _____

Quotes Are Valid for 7 Days from the Date Quoted

PLEASE PRINT

Name: _____ Email: _____

Address: _____ City: _____ State: _____ ZIP: _____

Phone: _____ Alternate Phone: _____

How Did You Hear About Us? _____ **PASS CODE:** _____ Device Backed Up: Y N

Symptoms/Issues: _____

_____ continue on back of page, if needed

DATA POLICY

Personal data may be viewed during the course of repair and this data will be kept **STRICTLY CONFIDENTIAL** and never shared, published, or distributed in any way unless required by law. I understand that data loss is possible and that it is **MY SOLE RESPONSIBILITY** to ensure critical data is backed up prior to service. I certify that iCare shall not be held responsible nor liable for any data loss at any time, nor any financial or emotional repercussions of said data loss.

WARRANTY POLICY AND EXCLUSIONS

I understand that iCare provides a **lifetime warranty** on parts/labor and a **seven (7) day warranty** on software services (e.g. installation, upgrade, virus/malware removal) beginning the day the original, paid service is completed. After this period, services will be charged at the full rate. I understand it is my responsibility to contact iCare **immediately** if there is an issue with my device and failure to do so may void this warranty. **There is NO warranty on soldering work or hinge repair.**

I understand that AT NO TIME does iCare's warranty cover customer-supplied parts, liquid damaged devices, RE-BREAKAGE, soldering work, hinges, batteries, MacBook Display Repair Services, or devices that have been previously or subsequently serviced by any entity or person other than iCare. I further certify that AT NO TIME shall iCare be liable for any further breakage of, or problems with, my device(s). Attempting repairs will void all water resistance of the device.

I understand that my device(s) may fail at any time, regardless of condition, and that the very act of attempting repair may cause my device(s) to fail. Failure may be temporary or permanent and I certify that iCare shall not be liable or responsible should that happen. I understand that device repair/flashing/unlocking/jailbreaking can cause my device(s) to become "locked" or "bricked" or otherwise unusable and I certify that iCare shall be **AT NO TIME** liable or responsible for this occurrence.

I understand that any services performed by iCare are not covered by any manufacturer or third-party warranty and may void any such applicable warranty. I certify that iCare shall not be held liable in any issue arising from such voidance.

I understand that **TO FILE ANY WARRANTY CLAIM** I will need to provide the original receipt and any accompanying paperwork that was given to me upon pick up of my device. If I do not have these items, I certify that I release iCare from any and all warranty obligations and accept whatever remedy iCare deems appropriate.

PARTS POLICY

I understand that any and all parts removed for repair will not be retained and/or returned unless I specifically request it in writing on the original work order at the time of repair. **I certify and understand that at no time will iCare be responsible for customer-supplied parts and will not replace them should anything happen to them before, during, or after repair.**

SHIPPING POLICY

iCare ships devices via USPS with a tracking number. I understand that I must write the full and correct shipping address on the work order. I also agree to pay appropriate shipping charges (typically between \$15 and \$25). I certify iCare is not liable for any shipping errors.

MINIMUM SERVICE CHARGE POLICY

I understand that there is a minimum service charge that applies to **ALL** service and/or repair work performed at iCare. I agree to pay any and all charges associated with my device. Minimum charges VARY BY DEVICE and START at \$25.

DEVICE ABANDONMENT POLICY

I understand that I have **thirty (30) days** after the completion of services to pay for and/or pick up my device(s). After the thirty (30) day period, I understand that my device(s) will be considered abandoned and become the sole property of iCare. I understand that once my device(s) is/are considered abandoned no refunds will be issued, even if I have prepaid for services and/or repairs. I understand that iCare will make a good faith attempt to contact me using the information I provide on this form, but it is **MY SOLE RESPONSIBILITY** to contact iCare regarding my device(s).

By signing below, I acknowledge that I have read and understood these terms and conditions and hereby authorize iCare, its subsidiaries, affiliates, and/or agents to attempt services on my device(s) as laid forth in this document. If additional issues are discovered, iCare will attempt to contact me for authorization before proceeding with services or repairs.

AUTHORIZED SIGNATURE REQUIRED FOR SERVICE

Signature: _____ **Date:** _____

We know that your device is important and we appreciate you choosing us; thank you!

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