## Please include a completed copy of this form with your shipment & ship it to the address on the same form





58 Hobart Street Hackensack, NJ 07601 212-673-8400

Minimum return shipping fee \$50 includes up to \$500 insurance and signature required.

Equipment information:		Туре о	f Request: (Please select one)
Brand Name:			Estimate
Model:			Warranty (include sales receipt)
Serial Number:			Redo. Prior repair #
	esponsible for any accessories)		Pre-Approved up to: \$
Contact information:			
First Name:	Last Name:	E-mail:	·
Address:		City:	State: Zip:
Home Phone:	Cell Phone:	Work Pho	ne:
electronic equipment. Conse we attempt repair. By signing PTRS cannot be held attempted repair, or be response	electronics repair PTRS employed quently, we cannot be held resp g below you release PTRS from a responsible under any circumsta onsible for loss of information su arranty on all full repairs depen- use, etc.)	ponsible for devices that ar all liability related to your e ances for Non-Operational uch as saved photos or mer	re no longer operational after electronic equipment.  Devices after repair or nu settings.
MINIMUM DIAGNOS	TIC FEE INCLUDES RETURN SHIP	PING OF \$30 ON MOST MC	DDELS.
PHOTOTECH / CHRYSLER	ESSORIES IF THEY ARE NOT CAMERA CAN NOT BE HE Y CARDS, STRAPS, HOODS,	LD RESPONSIBLE FOR A	
I have read and acknowledge	the prior terms of this agreeme	ent.	
Signature of agreement:		Date:	