



EMAIL: wirelessrepairs@equipmentblowouts.com

Equipment Blowouts, Inc.

PMB 324 130 W Main St. STE 144

Trappe Pa 19426-2025

Fax : 610-410-0354

Dealer Information	
Approval Number: _____	Service Provider: _____
Member Number: _____	Phone #: _____
Name of Contact: _____	Fax #: _____
Street Address: _____	Email: _____
City/State/Zip: _____	

REPAIR INFORMATION						
Model #	Serial #	ESN/IMEI	Warranty Y/N	Proof of Purchase	Defect Code	Customer Complaint
			<input type="checkbox"/>			
			<input type="checkbox"/>			
			<input type="checkbox"/>			
			<input type="checkbox"/>			
Additional Complaints :						
1-No/Abnormal Power		5-No/Abnormal Call Performance		9-No/Abnormal Vibrator		
2-Cosmetic Damage		6-No/Abnormal Charging		10-Broken Antenna		
3-No/Abnormal LCD		7-No/Abnormal Audio		11-Broken Battery Clip		
4-No/Abnormal Keypad		8-No/Abnormal Ring		12-Intermittent		

Pre-Approval for Non-Warranty Repairs		
<i>Equipment Blowouts Inc. will accept your check, money order, Visa or Mastercard (only) for payment.</i>		
I authorize Equipment Blowouts Inc. to repair the above phone(s), up to \$ _____ per phone. (Equipment Blowouts Inc. will charge only the applicable rate.)		
<input type="checkbox"/> Check/Money Order <input type="checkbox"/> *Credit Card <input type="checkbox"/> Corporate PO		
_____		_____
<small>PRINT CARDHOLDER'S NAME (AS IT APPEARS ON CARD)</small>		<small>*EXPIRATION DATE</small>
<small>INDIVIDUAL'S NAME IF COMPANY CARD</small>		
_____		_____
<small>PRINT FULL BILLING ADDRESS</small>	<small>ZIP CODE</small>	<small>CVV2 NUMBER- Last 3 or 4 digits after CCH or on the back of card.</small>
_____		_____
<small>PRINT STORE AGENT NAME</small>	<small>DATE</small>	<small>SIGNATURE OF AUTHORIZATION</small>
_____		_____

IMPORTANT!: TO BE ACCEPTED, RAs MUST BE RECEIVED COMPLETE IN ONE SHIPMENT (SAME BOX) AND EXACTLY AS ISSUED