

Mail in repair request

First Name : _____

Last Name : _____

Address Street 1 : _____

Address Street 2 : _____

City : _____

Zip Code : _____

State : _____

Name : _____

Type:ISD,City,etc : _____

Daytime Phone : _____

Evening Phone : _____

Email : _____

Purchase Order : _____

Manufacturer : : _____

Model : : _____

IMEI : _____

Repair Requested : _____

Serial Number : _____

Comments : _____

Authorized Signature : _____

I authorize Sozo Cell Phone Repair to repair this device.
Please purchase insurance with your shipping provider for your own safety. We are Not responsible for lost or stolen devices.