

**Address to ship your board:**  
BoardsFix  
1600 S Ocean DR, APT 2C  
Hollywood FL 33019



## PRE\_SERVICE CHECK IN SHEET

Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

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Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

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Device make & model number: \_\_\_\_\_

### Description of the problem:

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I understand that there is a \$25.00 check and diagnose fee and return shipping \$16.99 fee , if you decide not to repair, or part is beyond repair.

Customer Signature \_\_\_\_\_