

ITRITEK SOLUTIONS

DIAGNOSIS ORDER

Macintosh, Personal Computer, Mobile Phone, Projector and TV Repair

CUSTOMER

(_____)_____

(IF DIFFERENT) SHIPPING ADDRESS

(_____)_____

The following number must appear on all related correspondence, shipping papers and invoices:

D.O. NUMBER:

*D.O. DATE	CUSTOMER NAME	*PICK-UP/RECEIVED BY	*INVOICE #	*WARRANTY

* Fields reserved for technician

NATURE OF DIAGNOSIS	UNIT DESCRIPTION (MODEL, SERIAL NO., ETC...)	QTY	CONDITION	AMOUNT

ADDITIONAL INFORMATION:

AUTHORIZED BY

DATE

By signing above, customer agrees to authorize **iTritek Solutions** full rights in performing a diagnostic on any and all electronic unit(s) indicated on this form and also understands that such work may void manufacturer's warranty. Customer acknowledges that the extent of iTritek's diagnostic may include having the unit and/or component disassembled and tested in order to identify the defect. **iTritek Solutions** is not responsible for any data loss resulted from the diagnostic, repair or during shipping and handling. Customer is responsible for returned shipping charge should he/she decided not to accept iTritek's repair service after a diagnostic is performed.



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