

DeviceGuard Service Request Form

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Phone: _____ Fax: _____

Cell Phone #: _____ ESN (optional): _____

Brand: _____ Model: _____

Date of Purchase: _____ Date Stolen/Damaged/Lost: _____

Name of Dealer: _____ Contact Phone: _____

Carrier (wireless provider): _____

Please provide a brief description of the circumstances under which your device was damaged, lost, or stolen. Please include, date, time and place of incident.

IMPORTANT:

Your service request will not be processed until all required documentation is received by DeviceGuard Inc.

Please read before signing statement:

I understand and agree that if, in making this request, I intentionally conceal or misrepresent any material fact concerning this damage, theft, or loss, the entire request is void. I understand and agree that the furnishing or preparation of this request is not a waiver of any of my rights. I have done nothing to violate the conditions of the membership and, to the best of my knowledge, the damage, theft, or loss did not result from, nor was it caused by, any fraudulent act by me or by any other person or thing under my direction of control. Fraud will be prosecuted to the fullest extent of the law, including possible arrest and recovery. The information contained herein and any other that may be furnished in connection with this request is true and correct. I further affirm that the loss or damage is not being repaired, replaced, or reimbursed by any other source.

Signature: _____ **Date:** _____

Please fax this form to 1-800-618-2910.

In order to expedite the service process, please ensure that the service request form is fully completed. If device has been lost or stolen, please fax or send a police report and a copy of a valid state ID. You will be contacted within 24 business hours of submitting a complete service request.