

**IPOD REPAIR FORM**

Customer Name:			Office Use Only; Job #
Postal Address:		Residential Address: (If differing from Postal)	
Phone Number:	eMail Address:		

iPod For Service:

- |                                      |   |   |
|--------------------------------------|---|---|
| <input type="checkbox"/> Mini        | <input type="checkbox"/> Nano                       | <input type="checkbox"/> Video  |
| <input type="checkbox"/> Click Wheel | <input type="checkbox"/> 3 <sup>rd</sup> Generation | <input type="checkbox"/> 1 <sup>st</sup> / 2 <sup>nd</sup> Generation |
| <input type="checkbox"/> Shuffle     | <input type="checkbox"/> Photo                      | <input type="checkbox"/> Other / Unsure                               |

Serial Number

(Serial Number will be on the rear of the unit)

Date of purchase

(Only for warranty claims. Please provide Proof of purchase copy)  
You can call us (02) 8962 5757 to verify if we need this copy.

What is the fault?

---



---

What led up to the fault occurring?

---



---

What have you tried to do to rectify the fault?

---



---

**OUT OF WARRANTY**

Quoted price: \$\_\_\_\_\_

Payment Method

- VISA  MASTERCARD  MONEY ORDER  AMEX  DIRECT DEPOSIT  
(Amex incurs 2% service fee)

Card Number

(CCV Is the three digits printed on the back signature strip or 4 digits on the front of an Amex)

□□□□ □□□□ □□□□ □□□□ exp □□/□□

CCV or SECURITY NUMBER □□□□

Signature

I agree that Less Pie More Run Pty Ltd, T/As MacMedic will carry out the repair service requested and charge my card for any associated quoted charges via my authority, or differing charges after phone or SMS authorisation to do so.

Signed : x\_\_\_\_\_ Date: \_\_\_\_\_

How would you like the unit returned?

- Registered, Insured Post (+\$9.90)  
 Express Post, Not Insured (+11.90)  
 I will collect from the Store (+\$0.00)