



DEVICE REPAIR INTAKE

01 CUSTOMER & TICKET

Ticket #	Date received	Received by
Customer name	Phone number	
Email address	Preferred contact	
☐ Phone	☐ Email	☐ Text (with consent)
☐ Drop-off	☐ Appointment	☐ Remote consultation

02 DEVICE DETAILS

Device type	Manufacturer / model
Serial / asset number	Device color
Accessories received	
Condition on arrival / existing damage	
Customer-reported issue / symptoms	

03 INITIAL CHECK-IN

☐ Powers on: Yes	☐ No	☐ Unknown
☐ Backup: Yes	☐ No	☐ Unsure
☐ Arrival photos recorded	☐ Photos not recorded	
Customer acknowledgment / signature	Staff initials	



REPAIR ESTIMATE & APPROVAL

01 ESTIMATE DETAILS

Ticket #	Customer
Device / serial #	Estimate date
Repair description	
Additional details	

02 ITEMIZED CHARGES

Parts \$	Labor \$	Other fees \$
Diagnostic fee: \$35	Approved repair credit: -\$35	Tax \$
Estimated total \$	Estimate valid through (30 days)	

03 CUSTOMER DECISION

☐ Approve proposed work ☐ Decline repair (\$35 fee applies)

Contact me before total exceeds \$

04 AUTHORIZATION & SIGNATURE

Customer signature / verified electronic approval	Approval date/time
SCTS representative	



REPAIR AUTHORIZATION & SERVICE AGREEMENT

01 CUSTOMER AND DEVICE

Ticket #

Customer

Device / serial #

02 DIAGNOSTIC FEE & APPROVAL

Initial diagnostic fee: \$35. Credited toward an approved, completed repair.
If proposed repairs are declined, the \$35 diagnostic fee remains payable.

☐ Authorize initial diagnostics ☐ Do not authorize

Repairs beyond diagnostics require a separate written estimate and customer approval.

03 CUSTOMER ACKNOWLEDGMENTS

- ☐ I own the device or am authorized to request service.
- ☐ I understand repair work may involve data-loss risk and I should maintain backups.
- ☐ I understand additional paid repairs require my approval.
- ☐ I understand the 90-day limited workmanship warranty is subject to written terms.
- ☐ I acknowledge the 45-day storage policy, subject to notice and Michigan law.
- ☐ I authorize the initial diagnostics selected above.

04 SIGNATURES

Customer signature

Date

SCTS representative

Date



REPAIR COMPLETION & DEVICE PICKUP

01 REPAIR RECORD

Ticket #	Customer	Completed date
Device / serial #		
Work performed		
Parts installed / identifiers		

02 POST-REPAIR QUALITY CHECKS

☐ Powers on	☐ Reported issue tested	☐ Charging / ports
☐ Network tested	☐ Device cleaned	☐ Accessories returned
☐ Customer data handled per authorization		
Remaining issues / recommendations		

03 FINAL INVOICE

Parts \$	Labor \$	Other \$	Tax \$
Diagnostic fee \$35		Approved repair credit -\$35	
Total due \$	Amount paid \$	Balance \$	
Payment reference (no card details)			

04 PICKUP & WARRANTY

90-day workmanship warranty start	Warranty end
☐ Written coverage terms supplied: Yes	☐ No
Accessories returned	
Customer pickup signature	Date
SCTS staff signature	Date



TECHNICIAN DIAGNOSTIC CHECKLIST

01 IDENTIFICATION

Ticket #	Technician	Date
Device / serial #		

02 PRE-SERVICE INSPECTION

☐ Exterior photos	☐ Accessories inventoried	☐ Power / charging
☐ Display	☐ Keyboard / input	☐ Ports
☐ Storage health	☐ Memory	☐ Cooling / fans
☐ Network	☐ Malware indicators	☐ OS / updates

Other checks / initial condition

03 DIAGNOSTIC FINDINGS

Reported issue verified / diagnostic results

Tools / tests / observations

Likely cause / relevant notes

☐ Customer data protected	☐ No passwords recorded
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04 PROPOSED REPAIR & AUTHORIZATION

Recommended repair / replacement parts

Estimated parts \$	Estimated labor \$	Total estimate \$

☐ Customer approved	☐ Declined	☐ Pending response
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Technician initials / date

Customer response / reference

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WARRANTY SERVICE REQUEST

01 ORIGINAL SERVICE

New ticket #

Original ticket #

Customer

Phone / email

Device / serial #

Original repair date

Original invoice #

Warranty end date

02 ISSUE REPORTED

Date issue noticed

Reported symptoms

☐ New impact / liquid exposure / third-party repair: Yes

☐ No

If yes, explain

03 WARRANTY ASSESSMENT — SCTS USE

☐ Potentially covered

☐ Not covered

☐ Further diagnosis

Inspection findings

Coverage decision and reason

Proposed remedy / estimated timing

04 ACKNOWLEDGMENT

Customer signature

Date

SCTS representative

Date
