

# EML ORDER FORM FOR HEARING AID REPAIRS BEHIND-THE-EAR

**PERSONAL INFORMATION:**

DATE: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

PHONE: (\_\_\_\_\_) \_\_\_\_\_

**HEARING AID INFORMATION:**

MAKE / MODEL: \_\_\_\_\_

SERIAL NUMBER: \_\_\_\_\_

FAILURE DESCRIPTION: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**SERVICE OPTIONS:**

STANDARD REPAIR WITH 6 MONTH WARRANTY \$ 95.00

STANDARD REPAIR WITH 1 YEAR WARRANTY \$ 115.00

NEW CASE..... ADDITIONAL \$ 25.00

ELECTED SERVICE OPTION: \$ \_\_\_\_\_ . \_\_\_\_\_

SHIPMENT METHOD: \$ \_\_\_\_\_ . \_\_\_\_\_  
( USPS 2ND DAY SERVICE) \$ 5.00  
( USPS OVERNIGHT) \$ 15.00

TOTAL INCLUDED: \$ \_\_\_\_\_ . \_\_\_\_\_

CHECK OR MONEY ORDER PAYABLE TO "EARMAXLAB, LLC"

**NOTE! WHEN SHIPPING YOUR HEARING AID, PLEASE PACKAGE DEVICE USING  
HARD CASE OR CARDBOARD PROTECTIVE BOX TO AVOID ANY DAMAGES  
DURING TRANSPORTATION.**