

EML ORDER FORM FOR HEARING AID REPAIRS IN-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 \$ 75.00

STANDARD REPAIR WITH 1 YEAR WARRANTY \$ 95.00

NEW SHELL..... ADDITIONAL \$ 25.00

NEW FACEPLATE..... 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 "EARMAX LAB, LLC"

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