

EML

ORDER FORM FOR HEARING AID REPAIRS

BEHIND-THE-EAR

PERSONAL INFORMATION:

DATE: ____ / ____ / ____

FIRST NAME: _____

LAST NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE: (____) _____

HEARING AID INFORMATION INFORMATION:

FAILURE DESCRIPTION	MAKE / MODEL	SERIAL NUMBER
_____	_____	_____
_____	_____	_____
_____	_____	_____

SERVICE OPTIONS:

STANDARD REPAIR WITH 6 MONTH WARRANTY \$ 90.00

STANDARD REPAIR WITH 1 YEAR WARRANTY \$ 110.00

NEW CASE..... ADDITIONAL \$ 20.00

ELECTED SERVICE OPTION: \$ _____ . _____

SHIPMENT METHOD: \$ _____ . _____

(USPS 2ND DAY SERVICE) \$ 5.00

(USPS OVERNIGHT) \$ 15.00

TOTAL INCLUDED: \$ _____ . _____

CHECK OR MONEY ORDER PAYABLE TO "AUDIOPOL, INC"