

EML

ORDER FORM FOR HEARING AID REPAIRS

IN-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 \$ 70.00

STANDARD REPAIR WITH 1 YEAR WARRANTY \$ 90.00

NEW SHELL..... ADDITIONAL \$ 20.00

NEW FACEPLATE..... ADDITIONAL \$ 20.00

ELECTED SERVICE OPTION: \$ _____ . _____

SHIPMENT METHOD: \$ _____ . _____

(USPS 2 ND DAY SERVICE)	\$ 5.00
(USPS OVERNIGHT)	\$ 15.00

TOTAL INCLUDED: \$ _____ . _____

CHECK OR MONEY ORDER PAYABLE TO "AUDIOPOL, INC"