

Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Daytime Phone: _____
 e-Mail Address: _____

Other Ship to Address:
 Address: _____
 City: _____ State: _____ Zip: _____
 Special instructions:

Hearing Aid Information

(Please fill out as much information that you can regarding your hearing aids)

Left Brand: _____
 Serial # (if known) _____

Have we repaired this hearing aid before? Yes No
 If yes, date? _____

- (Check all that Apply)
- Dead (no sound output)
 - Weak
 - Intermittent on / off
 - Feedback/Whistles
 - Static Noise
 - Distorted
 - Broken Battery Door
 - Excessive Battery Drain
 - Broken Hinge Pin

Other Reasons:

Right Brand: _____
 Serial # (if known) _____

Have we repaired this hearing aid before? Yes No
 If yes, date? _____

- (Check all that Apply)
- Dead (no sound output)
 - Weak
 - Intermittent on / off
 - Feedback/Whistles
 - Static Noise
 - Distorted
 - Broken Battery Door
 - Excessive Battery Drain
 - Broken Hinge Pin

Other Reasons:

Select Repair (Please check all that apply)

Standard Repair - \$199 per aid X 1 or 2 = \$ _____
 or
 Premium Repair - \$249 per aid X 1 or 2 = \$ _____
 (if) Add Rush \$ 49 per aid X 1 or 2 = \$ _____

Total Repair Selections / Options \$ _____

Select Shipping

UPS Express Saver* \$ 19.50 \$ _____
 or
 UPS Second Day* \$ 24.50 \$ _____
 or
 UPS Overnight* \$ 49.50 \$ _____
 or
 International Priority \$?? \$ _____

(Calculate the International UPS shipping rate by visiting <http://wwwapps.ups.com/ctc/request>)

Total Repair & Shipping \$ _____

Make check payable to HearSource. If you prefer to pay by charge card, we will call you when repairs are completed for payment. Visa / MasterCard / Discover only.

*These rates are for UPS shipping within the continental United States of America. These rates do not apply to international shipments.

Shipping Instructions:

When shipping your hearing aids to HearSource, please put them in a crush proof container (an old plastic pill or vitamin bottle will do). Then put the crush proof container in a regular shipping box or envelope for shipping.

Include this repair request form.

We highly recommend that you insure and/or require us to sign that we've received the package. We are not responsible for any lost or damaged packages being shipped to us.

Please include the appropriate check amount for the repair service desired and send your payment with your hearing aid. You may figure your repair costs using the form to your left.

Warranty Service on HearSource Repairs

In warranty hearing aid services are to be done at **no additional charge for repair work**. However, a **\$20 shipping and handling fee** will need to be collected prior to shipping the hearing aids back to the client.

Credit & Debit card payments. If you prefer to pay by credit or debit card, we'll call you for payment over the phone prior to returning your hearing aid back to you, please include your return shipping address and daytime phone number with your order.

Please send all shipments to:
HearSource Hearing Aid Repair Service
102 Northfield Drive East
Bainbridge, IN 46105