



Return Form Information

1 OWNER AND SHIPPING INFORMATION

RMA NUMBER

PURCHASE DATE

Please check one: HearAid HearAid Micro

CUSTOMER NAME

ADDRESS

CITY, STATE, ZIP

EMAIL ADDRESS

2 REASON FOR RETURN

The product:

- Was damaged in shipping
- Is not what I ordered
- Did not help me hear better
- Was not comfortable
- Did not fit my ear
- Did not sound good
- Other, please describe below:

3 SHIPPING INSTRUCTIONS

Package and return the following mandatory items:

- » A copy of the original shipping invoice.
- » A completed copy of this form.
- » All parts and accessories of the item(s) to be returned.

Mail your package* to:

HearAid Company
7254 Washington Avenue
Eden Prairie, MN 55344

*Return postage to be paid by customer. 5000967.A