



# Repair Form

## 1 OWNER AND SHIPPING INFORMATION

NAME

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PHONE NUMBER

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ADDRESS

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CITY, STATE, ZIP

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EMAIL ADDRESS

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PURCHASE DATE

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Please check one:  HearAid  HearAid Micro

SERIAL NUMBER (LEFT)

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SERIAL NUMBER (RIGHT)

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## 4 PROBLEM

- No Sound
- Weak Sound
- Strange or Unusual Sound
- Program Button Doesn't Work
- Volume Control Doesn't Work
- Broken Battery Door
- Other, please describe below:

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## 2 REQUESTED SERVICE

- In-Warranty ..... Free
- Out-of-warranty .....  
 ..... \$119.95 + \$14.95 shipping and handling

## 3 OUT-OF-WARRANTY METHOD OF PAYMENT

- MasterCard
- Visa

CREDIT CARD NUMBER

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CREDIT CARD EXPIRATION DATE

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SIGNATURE

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Your signature is required to process your service request and bill your credit card.

## 5 SHIPPING INSTRUCTIONS

Package and return the following mandatory items:

- » A copy of the original shipping invoice.
- » A completed copy of this form.
- » The devices to be repaired with the tube and dome attached.
- » The above items packaged in the carry pouch.

Mail your package\* to:  
**HearAid Company**  
**7254 Washington Avenue**  
**Eden Prairie, MN 55344**

\*Return postage to be paid by customer. \*\*Please allow 3 weeks for your device to be properly serviced and shipped back to you. \*\*\*US Dollars only ©2009 HearAid Company All Rights Reserved. 5000966.A