

HearingAidRepair.biz

Order Form: *(please print and include with your order)*

Date: _____

Shipping Information:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Day Phone: _____ Evening Phone: _____

E-mail: _____

Please describe problem with hearing aid: _____

Order Information:

Basic Repair Charge (includes 2 day Air return shipping) \$99.00 _____

Same Day Service (includes Overnight return shipping) \$140.00 _____

1 Day Service (includes Next Day return shipping) \$120.00 _____

Total: \$ _____

Payment Information:

_____ Check _____ Credit Card

_____ Visa _____ Mastercard _____ Discover _____ Am Exp

Card #: _____

Exp Date: _____ 3 Digit CVV Code _____

(on back of card at the right end)

Thank you for your business!