



Customer Repair Service Form

Fix N Hearing Aids International
 1000 W. McNab Road
 Pompano Beach, FL 33069
 Toll Free 1-800-400-5402
 Fax: 754-222-6525

www.hearingaidrepairlabs.com

Fix-N-Hearing Aids International is committed to providing you with the highest level of service and satisfaction attainable. Receive our industry leading 6 month warranty. To assist us with this, please fill out all information as accurately as possible. We will repair your hearing aid for a flat fee of \$199. Plus \$9.00 shipping and handling.

Customer Name _____ Date / / _____

Address _____

City _____ State _____ Zip _____ Providence _____ Country _____

Phone Number () _____

Fax Number _____ Email Address _____

Brand/Model: _____ **Left Serial#** _____ **Right Serial #:** _____

Description of your problem:

<input type="checkbox"/> L	<input type="checkbox"/> R	Dead	<input type="checkbox"/> L	<input type="checkbox"/> R	Replace Battery Door
<input type="checkbox"/> L	<input type="checkbox"/> R	Intermittent	<input type="checkbox"/> L	<input type="checkbox"/> R	Replace Receiver Tube
<input type="checkbox"/> L	<input type="checkbox"/> R	Fades	<input type="checkbox"/> L	<input type="checkbox"/> R	Loss of Connectivity
<input type="checkbox"/> L	<input type="checkbox"/> R	Weak	<input type="checkbox"/> L	<input type="checkbox"/> R	TeleCoil
<input type="checkbox"/> L	<input type="checkbox"/> R	Distorted	<input type="checkbox"/> L	<input type="checkbox"/> R	Add Wax Guard
<input type="checkbox"/> L	<input type="checkbox"/> R	Noisy	<input type="checkbox"/> L	<input type="checkbox"/> R	Replace Bushing for Wax Guard
<input type="checkbox"/> L	<input type="checkbox"/> R	Internal Feedback	<input type="checkbox"/> L	<input type="checkbox"/> R	Add Removal Line: ___Short___Medium___Long
<input type="checkbox"/> L	<input type="checkbox"/> R	Volume Control	<input type="checkbox"/> L	<input type="checkbox"/> R	Other: _____
<input type="checkbox"/> L	<input type="checkbox"/> R	Excessive Batter Drain			
<input type="checkbox"/> L	<input type="checkbox"/> R	Battery Door Won't Close			

_____ [Send more labels for shipping](#)

PAYMENT METHOD:

Payment Amount \$ (US Dollars): _____

_____ Credit Card _____ Check

Credit Card Type (please circle): Visa MasterCard American Express Discover

Credit Card Account# _____ Expiration Date / / _____ Security Code _____

Cardholder Signature: _____

THANK YOU FOR YOUR BUSINESS!