

Hearing Power, Inc.

637 12th Ave S, Suite A
Hopkins, MN 55343
(952) 698-4954

Bill To:	Ship To (if different):
Phone:	Email:

Make:	Model:	Left Serial #:	Right Serial #:

Hearing Aid Problem:	Please check any that apply
<input type="checkbox"/> Dead <input type="checkbox"/> Bad Volume <input type="checkbox"/> Mic-Tel Switch <input type="checkbox"/> Other _____	<input type="checkbox"/> Contact Broken <input type="checkbox"/> Excessive Battery Drain <input type="checkbox"/> Weak <input type="checkbox"/> Fades <input type="checkbox"/> Canal Hurts <input type="checkbox"/> Feedback <input type="checkbox"/> Distorted <input type="checkbox"/> Intermittent <input type="checkbox"/> Noisy

BASIC REPAIR CHARGE (please choose one)		LEFT	RIGHT
All models with 6 month warranty.....	\$169.00	_____	_____
All models with 1 year warranty.....	\$199.00	_____	_____

ADDITIONAL CHARGE (if necessary)		LEFT	RIGHT
BTE Recase	\$49.00	_____	_____
Replate	\$49.00	_____	_____

CIRCUIT UPGRADE
Conventional to Digital (please call or email for a consultation)

SHIPPING, HANDLING and INSURANCE (please choose one)		LEFT	RIGHT
2 Day Fed Ex: \$20.00	Next Day \$30.00	_____	_____
TOTAL \$		_____	_____

PAYMENT METHOD

Credit Card (Fill in Card Info Below)
 Personal Check
 Certified Fund

Visa MasterCard

Card # _____
 Expiration Date (mm/yyyy): _____ / _____
 3 Digit CCV Code (on back right of card): _____

By signing below, I acknowledge my hearing and amplification needs may have changed since the initial purchase of the hearing aid(s). I also acknowledge the repair service and warranty plan purchased with this form are intended to return my hearing aid(s) to original performance specifications, unless a circuit upgrade has been purchased.

Signature: _____ Date: _____