



# INVOICE EVENT NAME \_\_\_\_\_

Please visit us on our website at ( [www.bigearinc.com](http://www.bigearinc.com) ) for products, warranty information and details.  
Any and All Information provided will not be sold or shared with any other companies outside of Big Ear, Inc. and its partner companies.

Name (print clearly) : \_\_\_\_\_ Age: \_\_\_\_\_ M F

Shipping Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### **Big Ear, Inc. Risk Assessment and Qualifications for Care and Consent of Ear Impression Candidate**

I understand that the Invoice is to be read, understood and signed. The Certified Technician will make observations of the health and condition of my ear canal to qualify my ears to have ear impressions made. Once said Certified Technician has found my ears to be in a healthy condition, the procedure may continue. I also understand that there are certain risks, as with any procedure, and if I have a question or concern regarding said risk, it is my responsibility to inform the Certified Technician in order to obtain clarification before this procedure begins. Without a signature, procedure will not be completed.

## **Answer the following questions to the best of your Knowledge**

- Do you chew gum often or have a jaw displacement disorder (TMJ)? .....  YES  NO
- Do you have any allergies to silicone, mineral oil or petroleum products? .....  YES  NO
- Has there been prior surgery that may interfere with the impression process? ..... YES  NO
- Do you, or have you, experienced sensitivity in any portion of the ear area? .....  YES  NO
- Is there impacted or excessive cerumen ( ear wax ) present in the ear? .....  YES  NO
- Do you have, or is there the presence of, a perforated tympanic membrane? ( hole in the ear drum )..... YES  NO
- Are there any other complications which would prohibit the making of an impression? .....  YES  NO

I hereby authorize the Big Ear, Inc. Certified Technician to proceed with the impression procedure and I understand any and all possible risks.  
Interested In a business opportunity selling similar products?  YES  NO *If yes, How do you prefer to be contacted? Phone Email*

## **Limited Warranty and Indemnification**

ALL CUSTOM FIT PRODUCTS HAVE A THIRTY ( 30 ) DAY FIT WARRANTY FROM DATE OF DELIVERY. ALL FIT ISSUES MUST BE CORRECTED WITHIN THE FIRST THIRTY ( 30 ) DAYS FROM DELIVERY. Custom Fit Electronic Products: To fit and be free from manufacturer's defect in materials and workmanship for one (1) year from date of delivery. Custom Fit NON-Electronic Products: To fit and be free from Manufacturer's defect in materials and workmanship for one (1) year from date of delivery. Electronic Products: To be free from manufacturer's defect for a period of ninety (90) days from date of delivery.  
Custom Fit "Made On.Site" Ear Plugs: To be free from manufacturer's defects for a period of three (3) years from date of delivery. Modification of any product VOIDS Warranti" and service plans. Warranty may change from time to time so we suggest visiting [www.bigearinc.com](http://www.bigearinc.com) for full warranty details and how the warranty works. I agree to hold harmless Big Ear, Inc., It's officers, employees, affiliates, associates, technicians, volunteers, promoters and vendors for any possible damages that could occur from making or use of any products. WARNING: Hearing loss and / o, damage may occur while using any sound product. The odds of loss and / or damage increase if the sound product is used at more than moderate volume. In some states, there are laws that prohibit the use of such sound products and I am aware that I must adhere to these laws. I understand that the merchandise ordered will be shipped with "NO SIGNATURE REQUIRED" and I will assume full responsibility. Custom Made Products are non-cancelable and non-returnable  
Due to the custom nature of the products, there are NO REFUNDS, under any condition.

**You, the Buyer, may cancel this transaction at any time prior to midnight of the third business day after the date of purchase. See the website for Notice of Cancellation from and for an explanation of this right.**

Customer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Product Ordered: \_\_\_\_\_

Subtotal: \_\_\_\_\_

Notes: \_\_\_\_\_ Shipping: \_\_\_\_\_  
Tax at: % : \_\_\_\_\_

AFF # \_\_\_\_\_ Expected Delivery Date: \_\_\_\_\_ Total: \_\_\_\_\_

**Circle One:** Cash Visa MIC Discover CCV \_\_\_\_\_ AMEX 4 digit code: \_\_\_\_\_ Billing Zip code \_\_\_\_\_