BIG EAR ®

REPAIR INVOICE

Any and all information provided will not be sold or shared with any other companies outside of Big Ear, Inc. and its partner companies.

⚠️ **ATTENTION**
SHIP PRODUCT IN SMALL BOX OR PADDED ENVELOPE
Big Ear, Inc. is not responsible for damages that may occur during delivery. ⚠️
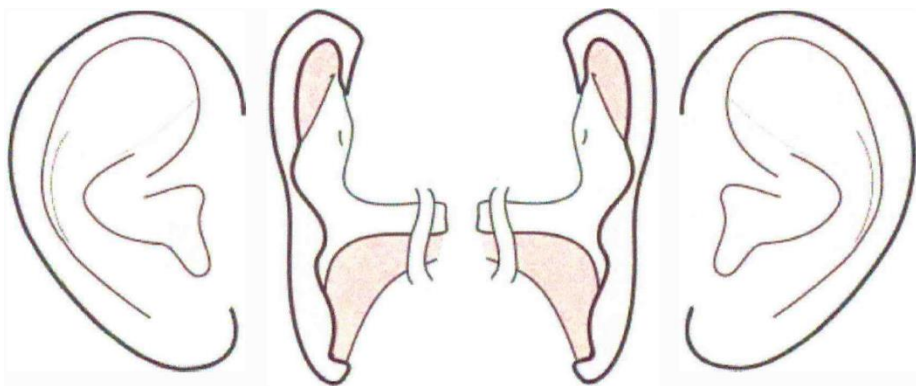

Name: _____ Date: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone #: _____ Email Address: _____

Product: _____ Original Invoice: _____ Date Ordered: _____

INDICATE POINTS OF DISCOMFORT ON DIAGRAM

Describe Fit Issue or Problem: _____

Limited Warranty and Indemnification

Custom Flt On Site Solid Ear Plugs: To fit and be free from defects in materials and workmanship for three (3) years from date of purchase. **Custom Fit Non-Electronic Products:** To be free from defects for a period of twelve (12) months from date of shipping. **Electronic Products:** To be free from defects for a period of twelve (12) months from date of shipping. All fit issues must be corrected in the first thirty (30) days. Warranty may change from time to time so we suggest visiting www.bigearinc.com for full warranty details and how the warranty works. **WARNING**: Hearing loss and/or damage may occur while using sound products. The odds of this loss and/or damage increase if sound products are used at more than moderate volume. Jn 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 there is a three (3) day right of recension of purchase period and the Consultant has explained this to me. I have been made aware of any and all warranty disclaimers. If I need any additional information, I have been given instructions to obtain this information at www.bigearinc.com. I agree to hold harmless Big Ear, Inc., its officers, employees, associates, consultants, volunteers and vendors for any possible damages that could occur from the use of any of these products.

Customer Signature: _____ **Date:** _____

BigEar Consultant Use Only:

☐ Impressions at Lab

New Impression: ☐ Yes ☐ No New Solid Plugs: ☐ YES ☐ No Color: _____ Date Received: _____

Date Customer Called _____ Date Lab Called _____ ☐ NONE ☐ CLAM ☐ POUCH

☐ CLEANING INSTRUCTIONS Repairs: ☐ CABLE ☐ DRIVER R/L ☐ FACEPLATE R/L ☐ FILTERS

☐ SHELL R/L

CONSULTANT: _____ ASSOCIATE#: _____

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www.bigearinc.com