

Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Daytime Phone: _____
 e-Mail Address: _____

Other Ship to Address:
 Address: _____
 City: _____ State: _____ Zip: _____
 Special instructions: _____

Hearing Aid Information

(Please fill out as much information that you can regarding your hearing aids)

Left Brand: _____
 Serial # (if known) _____
 Have we repaired this hearing aid before? Yes No
 If yes, date? _____
 (Check all that Apply) Other Reasons: _____
 Dead (no sound output) _____
 Weak _____
 Intermittent on / off _____
 Feedback/Whistles _____
 Static Noise _____
 Distorted _____
 Broken Battery Door _____
 Excessive Battery Drain _____
 Broken Hinge Pin _____

Right Brand: _____
 Serial # (if known) _____
 Have we repaired this hearing aid before? Yes No
 If yes, date? _____
 (Check all that Apply) Other Reasons: _____
 Dead (no sound output) _____
 Weak _____
 Intermittent on / off _____
 Feedback/Whistles _____
 Static Noise _____
 Distorted _____
 Broken Battery Door _____
 Excessive Battery Drain _____
 Broken Hinge Pin _____

Select Repair (Please check all that apply)
 Hearing Aid Repair - \$199 per aid X 1 or 2 = \$ _____
 Add Rush - \$39 per aid X 1 or 2 = \$ _____
 Add Faceplate - \$49 per aid X 1 or 2 = \$ _____

Total Repair Selections / Options \$ _____

Select Shipping
 FedEx Express Saver* \$ 14.50 \$ _____
 or
 FedEx Second Day* \$ 19.50 \$ _____
 or
 FedEx Overnight* \$ 44.50 \$ _____

Total Repair & Shipping \$ _____

Make Checks/Money Orders payable to: **Century Hearing Aids Repair Service**

*These rates are for FedEx shipping within the continental United States of America. These rates do not apply to international shipments.

Shipping Instructions:
 When shipping your hearing aids to Century Hearing Aids for repair, please put them in a crush proof container or box (an old plastic pill or vitamin bottle works well). Then put the crush proof container in a regular shipping box or envelope for shipping. Include in the package a written description of the hearing aid problems your experiencing, contact information, and return shipping address.

 We also recommend that you insure and/or require us to sign that we have received the package. We are not responsible for lost or damaged packages being shipped to us.

Check or Money Order
 Please include the appropriate check amount for the repair service desired, select and add your shipping method cost, and send your payment with your hearing aid - Example: \$175 (add \$39 for RUSH Service) add S&H cost.

Credit or Debit Card payments.
 If you prefer to pay by credit or debit card, please include your credit card number, expiration date and CVS security code, your return shipping address and a daytime phone number with your order.

Credit Card # _____
 Expiration Date _____
 CVS security code _____

Please send all shipments and Repair Forms or Checks to:

Century Hearing Aids Repair Service
102 Northfield Drive East
Bainbridge, IN 46105