

Please charge the following balance to my credit card

Customer No. \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_ **NEW ADDRESS?**

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

Phone \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_

WE CAN SERVE YOU BETTER IF YOU will put your file number or customer number, on all orders, payments and correspondence.

**IMPORTANT** \_\_\_\_\_

IF YOU HAVE MOVED SINCE LAST ORDER, PLEASE GIVE OLD ORDER.

QUANTITY	ITEM OR PART NO.	NAME OF ITEM	PRICE EACH	TOTAL
<b>SUB-TOTAL</b>				

Credit Card No. \_\_\_\_\_ Payment On Account

\$ \_\_\_\_\_

Expiration Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ CID#: \_\_\_\_\_

(CID = Last 3 digits found on signature line on back of credit card)

Signature \_\_\_\_\_

\*5% return charge on all American Express and Discover purchases that are returned for credit.

**Hearing Aid Corporation**

Email: \_\_\_\_\_

128 Kishwaukee St.

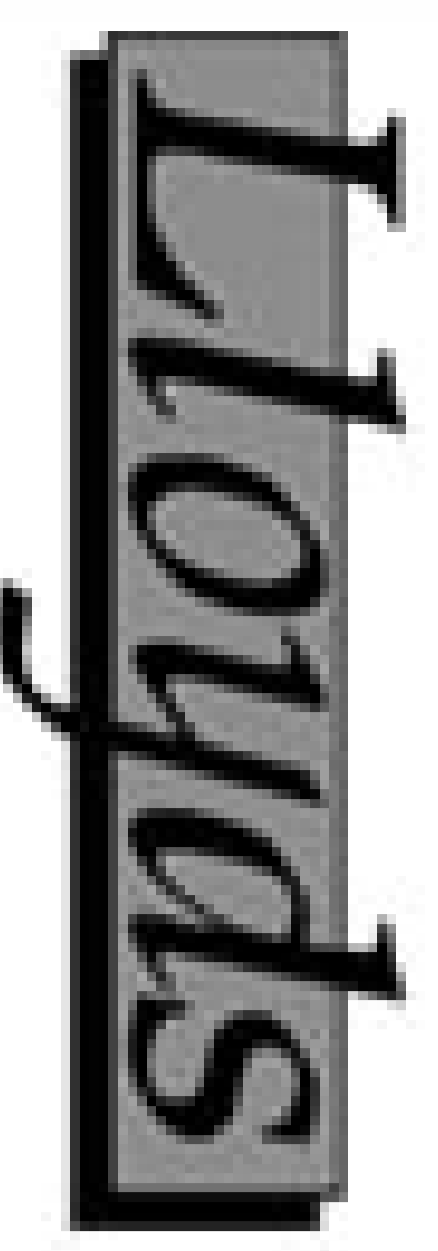
info@lloydhearingaid.com

PO Box 1645

Visit Our website at:

(815) 964-4191 - (800) 323-4212

www.LloydHearingAid.com



**SALES TAX (if IL res. add 1%)**

**POSTAGE & HANDLING**  
 ORDERS UNDER \$200 - \$2  
 ORDERS OVER \$200 - \$9.95  
 SPECIAL POSTAGE (SEE RATES)

**TOTAL AMOUNT \$**