



Lloyd Hearing Aid Corp.
 Attn: Repair Dept.
 4435 Manchester Dr.
 Rockford, IL 61109

REPAIR FORM

(If available) Customer #: _____

Date: _____

Bill-To: _____	Ship-To: _____
Phone: (____) _____ - _____	<input type="checkbox"/> Call me with estimate prior to repair <input type="checkbox"/> Repair my order – no need to call first
Email: _____	

HEARING AID INFORMATION

LEFT EAR	RIGHT EAR
Style: <input type="checkbox"/> Full Shell <input type="checkbox"/> Half Shell <input type="checkbox"/> Canal <input type="checkbox"/> CIC <input type="checkbox"/> RIC/Thin Tube <input type="checkbox"/> BTE <input type="checkbox"/> Body Aid	Style: <input type="checkbox"/> Full Shell <input type="checkbox"/> Half Shell <input type="checkbox"/> Canal <input type="checkbox"/> CIC <input type="checkbox"/> RIC/Thin Tube <input type="checkbox"/> BTE <input type="checkbox"/> Body Aid
Brand/Model: _____	Brand/Model: _____
Serial #: _____	Serial #: _____
<input type="checkbox"/> <i>IN-WARRANTY REPAIR?</i>	<input type="checkbox"/> <i>IN-WARRANTY REPAIR?</i>
Base Repair with 6mo. Warranty*: (must choose one) <input type="checkbox"/> Analog (\$99) <input type="checkbox"/> Digital (\$150)	Base Repair with 6mo. Warranty*: (must choose one) <input type="checkbox"/> Analog (\$99) <input type="checkbox"/> Digital (\$150)

*If you do not know the type or choose the incorrect one, Lloyds will automatically amend your order to reflect the correct price. You will be responsible for the correct balance determined by Lloyds.

ADDITIONAL TO ABOVE (check all that apply)

		<i>CIRCLE ONE SHIPPING OPTION BELOW</i>	
[L] [R] 12-month Warranty (aids newer than 7yrs old)	add +\$25	Return Rate: US Basic (7-10 days – Lloyds not liable for non-delivery)	\$6
[L] [R] CIC or BODY aids	add +\$25	Return Rate: US Priority (3-5 days – trackable, up to 1-lb package)	\$10.95
[L] [R] Custom aid – shell or faceplate damage	add +\$80	Return Rate: FedEx 2Day (street address only, NO PO BOX)	\$15
[L] [R] BTE – cracked or broken case	add +\$60	Return Rate: FedEx Next Business Day (street address only, NO PO BOX)	Ask for Quote
[L] [R] *Aids 7yrs or older, with 3 mo. warranty only <i>12-MO WARRANTY NOT AVAILABLE</i>	add +\$25	Return Rate: International (postage based upon country & package weight)	Ask for Quote

REASON FOR REPAIR (check all that apply)

[L] [R] Dead	[L] [R] Battery Drain	[L] [R] Cracked or Broken Shell / Case
[L] [R] Weak / not up to spec.	[L] [R] Intermittent / Fades	[L] [R] Volume Control
[L] [R] Distorted / Noisy / Static	[L] [R] Wax Build-up	[L] [R] Switch / Push-Button
[L] [R] OTHER (please describe) :		

PAYMENT INFORMATION

I wish to pay by: Check Money Order Credit Card (Visa, Mastercard, Discover, or American Express)

IL Residents ONLY: add 1% sales tax Total Amount Enclosed: \$ _____ . _____	Make checks/money orders payable to: Lloyd Hearing Aid Corp. 4435 Manchester Dr. Rockford, IL 61109 **Remit payment in US dollars**	Credit Card #: _____ Exp. Date (mm/yyyy): _____ Signature: _____
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We suggest that you send your repair in a sturdy box and ship by an insurable, traceable means such as FedEx Ground, UPS Ground, or USPS Priority Mail. If you have any questions, please contact us at 1-800-323-4212.

Please allow 2 weeks for standard repair processing time. Thank you.