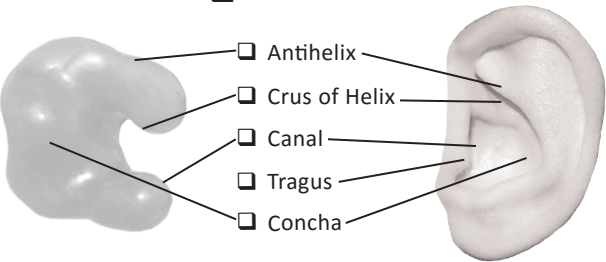
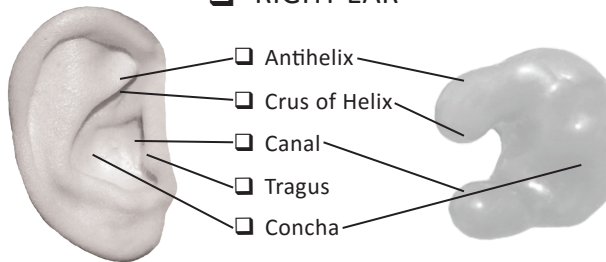
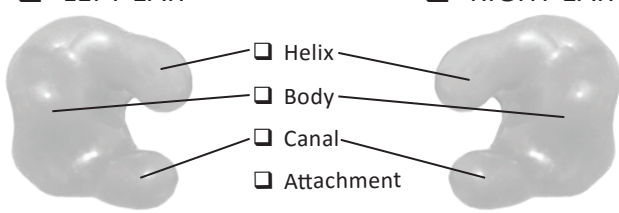


WARRANTY FORM



HearSmart Solutions Inc.
The Sound Solution That Fits

Warranty Type	90-Day Earmold Fit Guarantee	3-Year Earmold Manufacturer Warranty	2-Year Electronic Warranty (Monitors/Earphones)
<input type="checkbox"/> Warranty Adjustment/Repair <input type="checkbox"/> Out of Warranty Adjust./Repair Date Ordered: _____ Lab #: _____ Date Received: _____ PROVIDER: _____ PO #: _____	<p>Current product(s) must be returned with a Warranty claim. New Impressions are required for any remakes due to fit-issues.</p> <p>The following are not covered under the Fit Guarantee: Style changes, colour changes, lost earmolds, fit issues after 90 days.</p> <p>Please Indicate Location of Fit Issue:</p> <p><input type="checkbox"/> LEFT EAR</p>  <p><input type="checkbox"/> RIGHT EAR</p>  <p>Please Indicate Problem:</p> <input type="checkbox"/> Earplug(s) uncomfortable <input type="checkbox"/> Earplug(s) will not seal <input type="checkbox"/> Earplug(s) break seal with minimal head or jaw movement <input type="checkbox"/> Request top coat sealant <input type="checkbox"/> Request filter change From: _____ To: _____ <input type="checkbox"/> Other (please indicate): _____ _____ _____ Please provide as much detail as possible: _____ _____ _____	<p>Current product(s) must be returned with a Warranty claim.</p> <p>The following are not covered under the Manufacturer Warranty: Style changes, colour changes, lost earmolds, fit issues, cords, anchors, or cables.</p> <p>Please Mark Affected Area On Diagram:</p> <p><input type="checkbox"/> LEFT EAR <input type="checkbox"/> RIGHT EAR</p>  <p>Please Indicate Problem:</p> <input type="checkbox"/> Tear, crack, or split in Silicone <input type="checkbox"/> Attachment area tear, rip, or split <input type="checkbox"/> Manufacturer error in style of earpiece <input type="checkbox"/> Material or workmanship defect <input type="checkbox"/> Other (please indicate): _____ Please provide as much detail as possible: _____ _____ _____	<p>Current product(s) must be returned to submit a Warranty claim.</p> <p>The following are not covered under the Electronic Warranty: Water, moisture, or wax damage.</p> <p>Please Indicate Problem:</p> <input type="checkbox"/> Distortion or intermittency <input type="checkbox"/> Reduced or no volume (side: <input type="checkbox"/> Left <input type="checkbox"/> Right) <input type="checkbox"/> Tear, crack, or split on wire <input type="checkbox"/> ILM functions faulty <input type="checkbox"/> Cable jack connection damage <input type="checkbox"/> Detachable cable connection damage <input type="checkbox"/> Other (please indicate): _____ Please provide as much detail as possible: _____ _____ _____
Customer Information			
Client Name: _____ Date of Birth: _____ Employer: _____ Cell Phone: _____ Home Phone: _____ Email: _____ SHIP TO: <input type="checkbox"/> Customer <input type="checkbox"/> Employer <input type="checkbox"/> Provider <input type="checkbox"/> Pick-up Address: _____ City: _____ Unit: _____ Prov/State: _____ PC/Zip: _____ Mail Instructions: _____ _____ _____			
Payment Method (for out of warranty purchases)			
<input type="checkbox"/> Cash <input type="checkbox"/> Debit <input type="checkbox"/> MC <input type="checkbox"/> VISA <input type="checkbox"/> AMEX <input type="checkbox"/> Comp. Cheq <input type="checkbox"/> Invoice Base Price: \$ _____ () Option: \$ _____ () Shipping: \$ _____ () Discount: \$ _____ () Subtotal: \$ _____ Total: \$ _____ Taxes: (%) \$ _____			
2-Year Radio Accessory Warranty			
<p>Current product(s) must be returned to submit a Warranty claim.</p> <p>The following are not covered under the Radio Accessory Warranty: Water, moisture, or wax damage.</p> <p>Please Indicate Problem:</p> <input type="checkbox"/> Wearer hears distortion or intermittency through transducer <input type="checkbox"/> Microphone distortion <input type="checkbox"/> Tear, crack, or split on wire <input type="checkbox"/> Faulty PTT button <input type="checkbox"/> Cable connector damage <input type="checkbox"/> Other (please indicate): _____ Please provide as much detail as possible: _____ _____ _____			
Lab Use Only			
Original Order Date: _____		Warranty Completed: _____	
Present Earplugs/Monitors Returned: <input type="checkbox"/> Yes <input type="checkbox"/> No Returned with (Case, Accessories): _____ _____ _____			
WARRANTY TYPE: <input type="checkbox"/> 90-Day Earmold Fit Guarantee <input type="checkbox"/> 3-Year Earmold Manufacturer Warranty <input type="checkbox"/> 2-Year Commercial Grade Radio Accessory Warranty <input type="checkbox"/> 1-Year Electronics Warranty (Monitors/Earphones) <input type="checkbox"/> Out of Warranty Repair/Modification			Warranty Completed By: _____
RESOLUTION: <input type="checkbox"/> Adjustment <input type="checkbox"/> Repair <input type="checkbox"/> Sealant <input type="checkbox"/> Replaced Filters <input type="checkbox"/> Changed Filters: From: _____ To: _____ <input type="checkbox"/> Removed Dampers <input type="checkbox"/> Remake: New Impressions <input type="checkbox"/> Remake: Original Impressions <input type="checkbox"/> Replace Driver: (side: L R) <input type="checkbox"/> Cable Replacement <input type="checkbox"/> Other: _____			
Lab Notes: _____ _____ _____			