

SERVICE REPAIR FORM

REPAIR ☐ RE-REPAIR ☐ REMAKE ☐ (Please fill out Remake Form)

Date:	
Account #:	
Email Address:	
Phone #:	
Contact Name:	
Ship To Address:	
City, State, & Zip:	
User's Name:	
Make/Model:	
Serial #:	L: R:



201 West Burnsville Parkway Suite 145
Burnsville, MN 55337
TEL: (612) 213-6682
OFFICE: (952) 222-1990
EMAIL: vjs@allsoundshearing.com
www.AllSoundsHearing.com

SERVICES:	
CUSTOM: ITE, ITC, CIC, IIC <input type="checkbox"/>	BTE OR RIC BTE <input type="checkbox"/>
FLAT RATE REPAIR \$65.00	
6-Month Warranty, ANSI Graph, and Program Sheet (if applicable)	
Additional 6-Month Warranty \$20.00 <input type="checkbox"/>	
SALVAGE CREDIT	
ITE \$4.00 <input type="checkbox"/>	BTE \$7.00 <input type="checkbox"/>

Note: REUSEABLE ONLY! Limit 2 Credit Per Repair

FREE ESTIMATES WITH ALL REPAIRS (will call if additional charges required)

COMPLAINTS:				
DEAD <input type="checkbox"/>	WEAK <input type="checkbox"/>	FEEDBACK <input type="checkbox"/>	INTERMITTENT <input type="checkbox"/>	SWITCH <input type="checkbox"/>
VOL CTRL <input type="checkbox"/>	DISTORTED <input type="checkbox"/>	DAMAGE <input type="checkbox"/>	RECASE/REMAKE <input type="checkbox"/>	OTHERS <input type="checkbox"/>
Special Instructions:				

ADDITIONAL SERVICE CHARGES:			
FedEx-Ground (2-Day)	\$15.00 <input type="checkbox"/>	Remake	\$39.00 <input type="checkbox"/>
Priority Mail	\$10.00 <input type="checkbox"/>	ITE Re-plate	\$20.00 <input type="checkbox"/>
First-Class Mail	FREE <input type="checkbox"/>	BTE Re-Case/Re-Amp Circuit	FREE <input type="checkbox"/>
FedEx Standard Overnight	\$40.00 <input type="checkbox"/>	RIC Receiver	\$15.00 <input type="checkbox"/>
24-Hour in House	\$25.00 <input type="checkbox"/>	Spot Repair: Pullstring, canal lock, loop, Softcoat, waxguard	\$15.00 <input type="checkbox"/>

CREDIT CARD AUTHORIZATION: (CC ON FILE)			
Cardholder Name:			
Cardholder Signature:	(Signature authorizes future payments)		
Credit Card Type:	VISA <input type="checkbox"/>	MASTERCARD <input type="checkbox"/>	DISCOVER <input type="checkbox"/> AMEX <input type="checkbox"/>
Credit Card Number:			
Card Verification Number:		Expiration Date:	/
Date to Process Payment:			

ACH AUTHORIZATION:			
Name of Bank:			
Bank Address:	City:	State:	Zip:
Account #:			
Routing #:			
Account Type:	Checking:	Savings:	Corporate: Private: