

Claim Date: \_\_\_\_\_

# 90 DAY FIT WARRANTY CLAIM FORM



Custom Protect Ear

ISO 9001-2000

*PRIOR TO COMPLETING THIS WARRANTY FORM, CONTACT YOUR REPRESENTATIVE AS AN ON-SITE ADJUSTMENT MAY BE POSSIBLE.*

**PLEASE RETURN YOUR PROBLEM HEARING PROTECTOR(S) AND LABELLED IMPRESSIONS, IF APPLICABLE, WHEN SUBMITTING A WARRANTY CLAIM FORM. HAVING THESE TO WORK FROM HELPS US AVOID DUPLICATING THE PROBLEM AND PRODUCING A BETTER MATCH WHEN PROCESSING A SINGLE PROTECTOR. IT IS IMPERATIVE THAT WE HAVE YOUR PRESENT FITTINGS TO ALLOW US TO MAKE THE NECESSARY ADJUSTMENTS. SIMPLY PLACE YOUR PROTECTOR(S) FOR WARRANTY INTO A SECURE ENVELOPE AND MAIL DIRECTLY TO CUSTOM PROTECT EAR ATTACHED TO YOUR WARRANTY CLAIM FORM.**

(PLEASE PRINT)

NAME: \_\_\_\_\_  
EMPLOYER: \_\_\_\_\_  
PHONE: \_\_\_\_\_  
CONTACT: \_\_\_\_\_  
SHIP TO ADDRESS: EMP.  REP.  CUST.   
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

D.O.B.: \_\_\_\_\_  
SERIAL #: \_\_\_\_\_  
COLOR: \_\_\_\_\_  
STYLE: \_\_\_\_\_  
REPRESENTATIVE: \_\_\_\_\_

YY / MM / DD

**(OFFICE USE ONLY)**

OLD PROTECTORS RETURNED:  YES  NO  
ATTACH TO OLD:  LEFT  RIGHT

- PROTECTOR BREAKS SEAL WITH HEAD OR JAW MOVEMENT
- PROTECTOR WILL NOT SEAL AT ALL
- PROTECTOR IS UNCOMFORTABLE (INDICATE ON DIAGRAM)

**ADDITIONAL COMMENTS:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

REQUEST TOPCOAT:

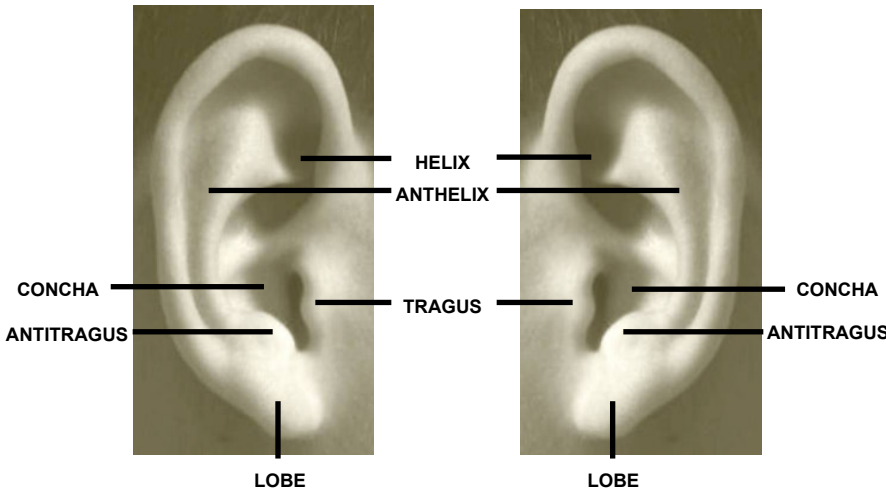
REQUEST ADJUSTMENT:

**FIELD ADJUSTMENTS:**

- CANAL  TRAGUS
- CONCHA  HELIX
- CRUS  TOPCOAT
- CHANGED FILTERS TO: \_\_\_\_\_

RIGHT

LEFT



**(OFFICE USE ONLY)**

CLAIM #: \_\_\_\_\_  
NEW SERIAL #: \_\_\_\_\_

ORIGINAL DATE: \_\_\_\_\_  
REVIEW DATE: \_\_\_\_\_  
REVIEWED BY: \_\_\_\_\_  
DATE RECEIVED: \_\_\_\_\_  
POSTED: \_\_\_\_\_  
S/O #: \_\_\_\_\_

DISPOSITION:  REMAKE FROM NEW IMPRESSIONS  
 REPOUR FROM ORIGINAL CAST  
 ADJUST  TOPCOAT  
 OTHER: \_\_\_\_\_  
SHIPPED: \_\_\_\_\_