

Claim Date: _____



3 YEAR MATERIAL WARRANTY CLAIM FORM

PLEASE RETURN THE OLD FITTINGS 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 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: _____

D.O. B: _____ YY / MM / DD
SERIAL #: _____
COLOR: _____
STYLE: _____
REPRESENTATIVE: _____

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

SILICONE IS TORN: IN THE CANAL
 IN THE HELIX
 AT THE FILTER (VENTED MODELS ONLY)
 AT THE CORD ATTACHMENT (CONVERTIBLE MODELS ONLY - WIRE ANCHORS ARE NOT COVERED)
 IN THE BODY
 OTHER _____

SIDE FOR WARRANTY: LEFT RIGHT



ADDITIONAL INFORMATION: _____

OFFICE USE ONLY CLAIM #: _____
ORIGINAL DATE: _____ DISPOSITION: REPOUR FROM ORIGINAL CAST
REVIEW DATE: _____ REPAIR
REVIEWED BY: _____ OTHER: _____
S/O #: _____
DATE REC'D: _____ POSTED: _____ SHIPPED: _____