


FILLING OUT THE ORDER FORM

(IF THIS FOR A WARRANTY, PLEASE COMPLETE OUR WARRANTY CLAIM FORM FOUND [HERE](#).)

 <p>1-800-520-0220 Fax: 604-599-7377 hear@protectear.com</p> <p>Custom Protect Ear order date A. MM DD YY Everything Else Is Just Noise</p>	DATE RC'D																																																																																																																												
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G. COLOUR: <input type="checkbox"/> Check here if NO ANCHOR CORD OR CLIP is needed.	Cord/Anchor options for Classic style only . If nothing is indicated, a cloth cord and metal anchor will be supplied. <input type="checkbox"/> pop-in spool / cloth cord <input type="checkbox"/> pop-in spool / plastic cord <input type="checkbox"/> plastic cord <input type="checkbox"/> CBC cord <input type="checkbox"/> MD cords <input type="checkbox"/> MD dB Blocker																																																																																																																												
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Ins. <input type="checkbox"/> S.O. # _____ Ship With _____ <table border="0"> <tr> <th colspan="2">INTERFACE CORDS</th> <th>QTY</th> </tr> <tr> <td><input type="checkbox"/></td> <td>2.5 R/A Ultralight</td> <td>Rt <input type="checkbox"/> Lt <input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td>3.5 R/A Ultralight</td> <td>Rt <input type="checkbox"/> Lt <input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td>2 Pin Ultralight</td> <td>Rt <input type="checkbox"/> Lt <input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td>Receiver Button</td> <td></td> </tr> <tr> <td><input type="checkbox"/></td> <td>2.5mm R/A</td> <td>Short _____</td> </tr> <tr> <td><input type="checkbox"/></td> <td>3.5mm R/A</td> <td>Long Short _____</td> </tr> <tr> <td><input type="checkbox"/></td> <td>3.5mm Threaded</td> <td>Coiled _____</td> </tr> </table>	INTERFACE CORDS		QTY	<input type="checkbox"/>	2.5 R/A Ultralight	Rt <input type="checkbox"/> Lt <input type="checkbox"/>	<input type="checkbox"/>	3.5 R/A Ultralight	Rt <input type="checkbox"/> Lt <input type="checkbox"/>	<input type="checkbox"/>	2 Pin Ultralight	Rt <input type="checkbox"/> Lt <input type="checkbox"/>	<input type="checkbox"/>	Receiver Button		<input type="checkbox"/>	2.5mm R/A	Short _____	<input type="checkbox"/>	3.5mm R/A	Long Short _____	<input type="checkbox"/>	3.5mm Threaded	Coiled _____
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A. Fill in the date.

B. Fill in your serial number if you have owned a previous pair of dB Blockers.

C. Fill in your Representatives' name.

D. Indicate where your order should be shipped to (*ie: home or work*) and full shipping address.

E. Select your method of payment. (*Write "Account" if you currently have an account with CPE.*)

F. Complete first & last name and birth date (*Your birth date will identify you as a user ie: if there are 2 Joe Smiths in our database.*)

G. If this is a new order or reorder, please select color and product. New orders require Ear Mold Impressions, please contact us [here](#) or call toll free at 1.800.520.0220 for a location nearest you.

When selecting your color, please note that Swimmers are available in Yellow only, **Glow In The Dark (GITD)** is available for Discreet and Sleeper Non-Vented only. We also suggest that you select a color opposite to the environment that you will be using them in to ensure quick identification should you drop one.

H. Indicate whether this is a reorder or covered under ProtectionPlus Insurance.

I. Please type your name to confirm your order.

Please review this form carefully and either email it by the "submit" button, or fax to 1.604.599.7377. Your order may be delayed if additional information is required. For assistance, please call 1.800.520.0220 ext. 321.

Color Options:

