

# 90 DAY FIT WARRANTY CLAIM FORM

Case Date: \_\_\_\_\_

Custom Protect Ear, Unit 681 – 7789 134 St, Surrey, BC, V3W 9E9 Canada Email: warranty@protectear.com

**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.: YY / MM / DD  
 SERIAL #: \_\_\_\_\_  
 COLOR: \_\_\_\_\_  
 STYLE: \_\_\_\_\_  
 REPRESENTATIVE: \_\_\_\_\_

(OFFICE USE ONLY)

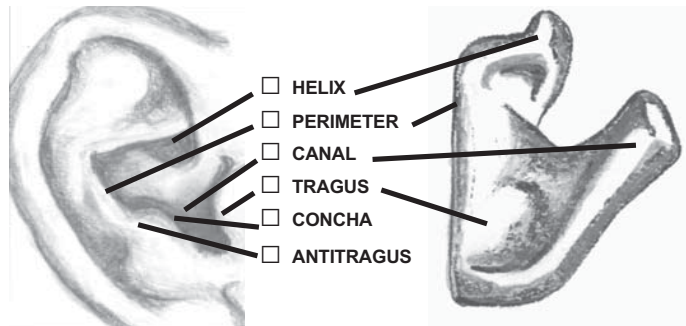
OLD PROTECTORS RETURNED:  YES  NO  
 ATTACH TO OLD:  LEFT  RIGHT

PROTECTOR(S) BREAKS SEAL WITH HEAD OR JAW MOVEMENT  
 PROTECTOR(S) WILL NOT SEAL AT ALL  
 PROTECTOR(S) IS UNCOMFORTABLE  
(INDICATE ON DIAGRAM)  
**ADDITIONAL COMMENTS:**  
 \_\_\_\_\_  
 \_\_\_\_\_  
**REQUEST TOPCOAT:**   
**REQUEST ADJUSTMENT:**   
**REMODEL:**

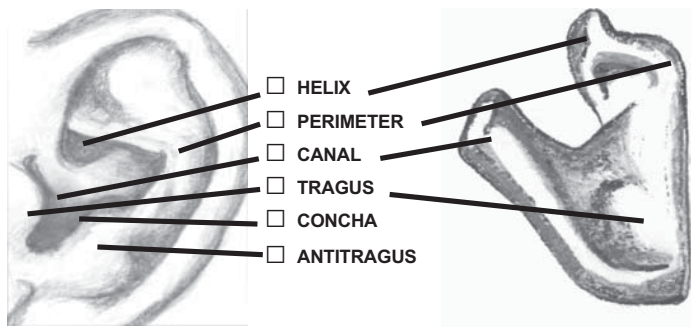
**FIELD ADJUSTMENTS:**

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

**RIGHT**



**LEFT**



(OFFICE USE ONLY)

CASE #: \_\_\_\_\_

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

ORIGINAL DATE: \_\_\_\_\_  
 REVIEW DATE: \_\_\_\_\_  
 REVIEWED BY: \_\_\_\_\_  
 DATE RECEIVED: \_\_\_\_\_  
 POSTED: \_\_\_\_\_  
 s/o #: \_\_\_\_\_

DISPOSITION:  REMAKE FROM NEW IMPRESSIONS  
 REPRINT FROM ORIGINAL MOULD  
 ADJUST  TOPCOAT  
 OTHER: \_\_\_\_\_  
 SHIPPED: \_\_\_\_\_