

Claim Date: _____

90 DAY FIT WARRANTY CLAIM FORM



Custom Protect Ear

Everything Else Is Just Noise

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

ADDITIONAL COMMENTS:

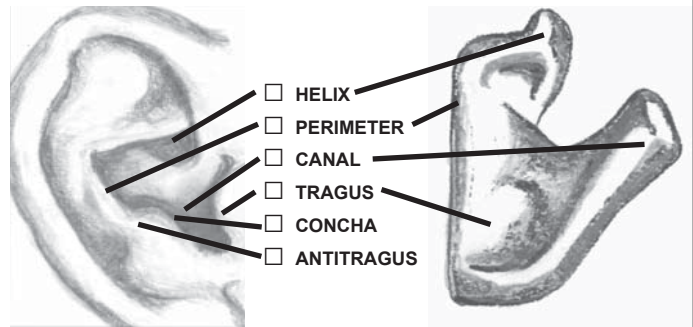
REQUEST TOPCOAT:

REQUEST ADJUSTMENT:

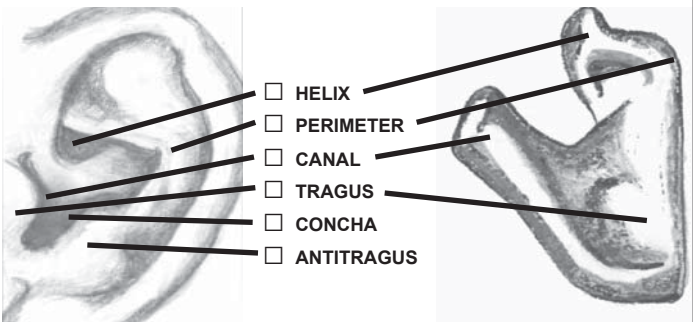
FIELD ADJUSTMENTS:

- CANAL TRAGUS
- CONCHA HELIX
- CRUS TOPCOAT
- CHANGED FILTERS TO: _____

RIGHT



LEFT



(OFFICE USE ONLY)

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

CLAIM #: _____

NEW SERIAL #: _____

- DISPOSITION: REMAKE FROM NEW IMPRESSIONS
 REPOUR FROM ORIGINAL CAST
 ADJUST TOPCOAT
 OTHER: _____

SHIPPED: _____