

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



# 3 YEAR MATERIAL WARRANTY CLAIM FORM **Custom Protect Ear**

Everything Else Is Just Noise

PLEASE RETURN YOUR PROBLEM HEARING PROTECTOR(S) WHEN SUBMITTING A WARRANTY CLAIM FORM.

**IT IS IMPERATIVE THAT WE HAVE YOUR PRESENT PROTECTOR(S).  
HAVING THESE TO WORK FROM HELPS US TO RE-EVALUATE OUR MANUFACTURING PROCESSES, AS PART OF OUR ISO 9001:2000 QUALITY ASSURANCE. 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

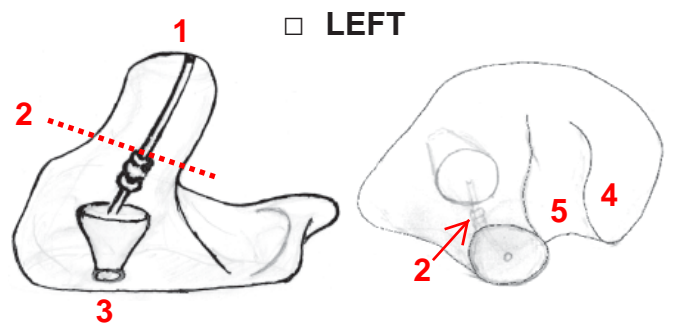
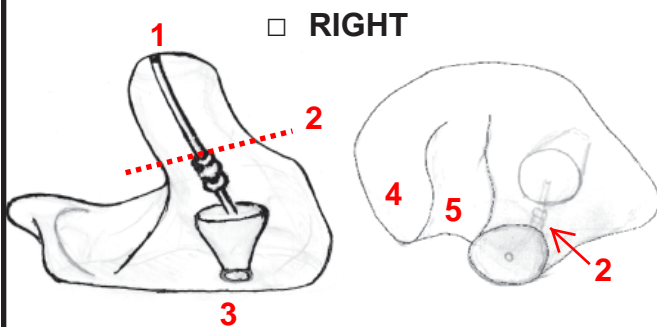
PLEASE NOTE: OUR MATERIAL WARRANTY DOES **NOT** COVER THE METAL ANCHOR PULLING OUT OF THE DB BLOCKER OR THE CORD BREAKING BECAUSE REMOVING YOUR DB BLOCKERS IN THAT MANNER COULD DAMAGE YOUR EAR DRUM.

PLEASE MARK ON DIAGRAMS WHERE:

SILICONE IS TORN:  AT CANAL  AT HELIX  AT BODY  AT ATTACHMENT

OTHER: \_\_\_\_\_

Please enter the corresponding number of the affected area(s) in the red box(s):



(OFFICE USE ONLY)

CLAIM #: \_\_\_\_\_

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

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