

Claim Date: _____



Custom Protect Ear
ISO 9001-2008

dB COM™ COMMUNICATION PRODUCTS WARRANTY CLAIM FORM

Custom Protect Ear, Unit 681 – 7789 - 134th St., Surrey, BC, V3W 9E9 Canada
Phone: (604) 599-1311, 1-800-520-0220
E-MAIL: warranty@protectear.com

**IT IS IMPERATIVE THAT WE HAVE YOUR DEFECTIVE dB COM™ COMMUNICATION PRODUCT BACK.
SIMPLY PLACE YOUR PARTS FOR WARRANTY INTO A SECURE ENVELOPE AND MAIL DIRECTLY
TO CUSTOM PROTECT EAR ATTACHED TO YOUR WARRANTY CLAIM FORM.**

PLEASE NOTE THAT THE ISSUES WITH SENSEAR COMMUNICATION PRODUCTS SHOULD BE ADDRESSED
TO SENSEAR CUSTOMER SERVICE AT WWW.SENSEAR.COM/CUSTOMER-SERVICE.PHP.

(PLEASE PRINT)

NAME: _____
EMPLOYER: _____
PHONE: _____
CONTACT: _____
SHIP TO ADDRESS: EMPLOYER REP. CUSTOMER

D.O.B.: _____ YY / MM / DD
SERIAL # (if applicable): _____
TYPE OF PRODUCT: _____
ITEM NUMBER: _____
REPRESENTATIVE: _____

(OFFICE USE ONLY)
OLD ELECTRONICS RETURNED: YES NO

PLEASE NOTE: WARRANTY WILL BE VOID IF THE PARTS HAVE BEEN CUT ALTERED OR
HAVE SIGNS OF IMPROPER HANDLING.

PLEASE IDENTIFY THE FOLLOWING:

DATE OF PURCHASE: _____ INVOICE#: _____

DESCRIPTION OF THE ISSUE:

FRAYED CORD NO SOUND INTERMITTENT SIGNAL

OTHER (please explain) _____

EXCHANGE RETURN

REASON FOR RETURN _____

(OFFICE USE ONLY)

CLAIM #: _____

ORIGINAL DATE: _____

DISPOSITION: REPLACE ELECTRONICS

REVIEW DATE: _____

CLEAN

REVIEWED BY: _____

REPAIR

DATE RECEIVED: _____

OTHER: _____

POSTED: _____

S/O #: _____

SHIPPED: _____