

Case Date: _____

3 YEAR MATERIAL WARRANTY CLAIM FORM

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

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
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

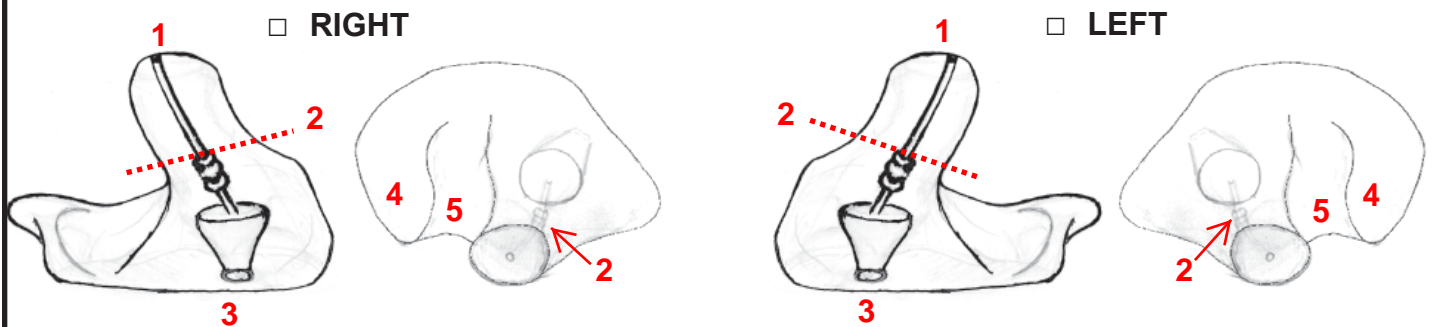
PLEASE NOTE: OUR MATERIAL WARRANTY DOES **NOT** COVER THE METAL ANCHOR
PULLING OUT OF THE DB BLOCKER OR THE CORD BREAKING BECAUSE REMOVING YOUR
DB BLOCKERS IN THAT MANNER COULD DAMAGE YOUR EAR DRUM.

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)

ORIGINAL DATE: _____ DISPOSITION: REMAKE FROM NEW IMPRESSIONS
REVIEW DATE: _____ REPOUR FROM ORIGINAL CAST
REVIEWED BY: _____ REPAIR
DATE RECEIVED: _____ OTHER: _____
POSTED: _____
S/O #: _____ SHIPPED: _____