

Client Name:

Batteries

Physical Address Required:

Phone: _____ Email: _____

Bill to:

Hearing Aid Batteries

(Check Appropriate Boxes)

- | | | |
|-----------------------------------|--------------------|------------|
| <input type="checkbox"/> Size 10 | | |
| <input type="checkbox"/> 1 card | (\$6.00/6 cells) | Qty. _____ |
| <input type="checkbox"/> 10 cards | (\$50.00/60 cells) | _____ |
| <input type="checkbox"/> Size 312 | | |
| <input type="checkbox"/> 1 card | (\$6.00/6 cells) | Qty. _____ |
| <input type="checkbox"/> 10 cards | (\$50.00/60 cells) | _____ |
| <input type="checkbox"/> Size 13 | | |
| <input type="checkbox"/> 1 card | (\$6.00/6 cells) | Qty. _____ |
| <input type="checkbox"/> 10 cards | (\$50.00/60 cells) | _____ |

- Additional Items:
- | | | |
|---|-------------|------------|
| <input type="checkbox"/> Digital Battery Tester | (\$7.50/ea) | Qty. _____ |
| <input type="checkbox"/> Dehumidifier Dri-Brik | (\$7.50/ea) | _____ |

Special Instructions:

If shipping by mail, ship to:

E.A.R., Inc./Insta-Mold
P.O. Box 18888
Boulder, CO. 80308 U.S.A.

If shipping by UPS, Fed Ex, etc.

E.A.R., Inc./Insta-Mold
5763 Arapahoe Ave., Unit L
Boulder, CO. 80303 U.S.A.

Notice:

The following information should help you fill out this order form properly.

This order form is to be used for:

- 1.) **Ordering any Hearing Aid Battery item.**
 - a.) Fill out order form completely
 - b.) Provide a physical mailing address (**not a P.O. Box**)
 - c.) Include payment with order (**Visa, Mastercard, Personal or business check**)



**NOTE: If ordering in "BULK," please contact our office for shipping costs and any further quotations necessary.*

US Shipping:

- USPS Priority - \$5.50/package
- UPS Ground - \$12.00/package
- UPS Expedited - \$35.00/package
- USPS International - TBD

Credit Card:

Exp:
CCV:

Signature: