

Client Name: LT0162

Physical Address Required:

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Bill to:

**Product / Model** (Check Appropriate Boxes) *Qty*

**Mini-Canal Analog** \_\_\_\_\_  
Single Unit (\$297.50) Left \_\_\_\_ Right \_\_\_\_ Pair(\$595.00) \_\_\_\_

**Mini-Canal Digital** \_\_\_\_\_  
Single Unit (\$475.00) Left \_\_\_\_ Right \_\_\_\_ Pair(\$900.00) \_\_\_\_

**Mini-Canal Digital Plus** \_\_\_\_\_  
Single Unit (\$625.00) Left \_\_\_\_ Right \_\_\_\_ Pair(\$1100.00) \_\_\_\_

(pricing reflects 1 unit)	Beige	Brown	Charcoal	Grey	<i>Qty</i>
<input type="checkbox"/> SHS I (\$250.00)	_____	_____	_____	_____	_____
<input type="checkbox"/> SHS II (\$325.00)	_____	_____	_____	_____	_____
<input type="checkbox"/> SHS III (\$425.00)	_____	_____	_____	_____	_____
<input type="checkbox"/> SHS IV (\$500.00)	_____	_____	_____	_____	_____
<input type="checkbox"/> SHS V (\$575.00)	_____	_____	_____	_____	_____

<p align="center"><b>Additional Silicone Tips (MC)</b> (+\$3.95/ea)</p> <table border="0" style="width: 100%;"> <tr> <td><b>Non-Vented</b></td> <td><b>Vented</b></td> </tr> <tr> <td><input type="checkbox"/> Sm <input type="checkbox"/> Med</td> <td><input type="checkbox"/> Med</td> </tr> <tr> <td><input type="checkbox"/> Large</td> <td><input type="checkbox"/> Large</td> </tr> </table>	<b>Non-Vented</b>	<b>Vented</b>	<input type="checkbox"/> Sm <input type="checkbox"/> Med	<input type="checkbox"/> Med	<input type="checkbox"/> Large	<input type="checkbox"/> Large	<p align="center"><b>Additional Foam Tips (SHS)</b> (+\$15.00/3 tips)</p> <table border="0" style="width: 100%;"> <tr> <td><b>Non-Vented</b></td> <td><b>Vented</b></td> </tr> <tr> <td><input type="checkbox"/> 3 Tips</td> <td><input type="checkbox"/> 3 Tips</td> </tr> </table>	<b>Non-Vented</b>	<b>Vented</b>	<input type="checkbox"/> 3 Tips	<input type="checkbox"/> 3 Tips
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<input type="checkbox"/> Large	<input type="checkbox"/> Large										
<b>Non-Vented</b>	<b>Vented</b>										
<input type="checkbox"/> 3 Tips	<input type="checkbox"/> 3 Tips										

*If Custom-fit molds are being ordered for your SHS unit(s), please insert ear impression(s) with this order form and indicate a color choice in the Special Instructions below. Colors include soild, swirl, glitter, and glow-in-the-dark.*

**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 E.A.R., Inc.'s line of Custom-Fit Earpiece for the SHS units**
  - 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)
  - d.) Be sure the impressions you send are accurate! A proper fitting is required to ensure good performance. If you have questions please give us a call!

This order form can also be used for:

- 2.) **Bringing to a local provider or facility that is making your ear impression(s).**
  - a.) This will facilitate your ordering process.
  - b.) Usual turnaround time is within 10-14 days from the time we receive your impression(s).
  - c.) Do not send impressions in an envelope, or crushable package. This might harm the impression(s) in transit and delay your ordering process.



\*Please note the above impression is free of folds and voids and has good canal length, which is important for accurate production.

Shipping:  UPS Next Day Insured - \$20.00/package  
 UPS International - TBD

Credit Card: \_\_\_\_\_ Exp: \_\_\_\_\_  
 CCV: \_\_\_\_\_

Signature: \_\_\_\_\_