

Client Name: LT0162

Physical Address Required:

Phone: _____ Email: _____

Bill to:

Product / Model (Check Appropriate Boxes)		<i>Qty</i>
<input type="checkbox"/> Mini-Canal Analog	Single Unit (\$297.50) Left ____ Right ____	Pair(\$595.00) ____
<input type="checkbox"/> Mini-Canal Digital	Single Unit (\$475.00) Left ____ Right ____	Pair(\$900.00) ____
<input type="checkbox"/> Mini-Canal Digital Plus	Single Unit (\$625.00) Left ____ Right ____	Pair(\$1100.00) ____
<i>(pricing reflects 1 unit)</i>		
	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)	____	____
<input type="checkbox"/> SHS Waterproof Hunter (\$380.00)	____	____

<p>Additional Silicone Tips (MC) <i>(+\$3.95/ea)</i></p> <table style="width: 100%;"> <tr> <td style="text-align: center;">Non-Vented</td> <td style="text-align: center;">Vented</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>	Non-Vented	Vented	<input type="checkbox"/> Sm <input type="checkbox"/> Med	<input type="checkbox"/> Med	<input type="checkbox"/> Large	<input type="checkbox"/> Large	<p>Additional Foam Tips (SHS) <i>(+\$15.00/3 tips)</i></p> <table style="width: 100%;"> <tr> <td style="text-align: center;">Non-Vented</td> <td style="text-align: center;">Vented</td> </tr> <tr> <td><input type="checkbox"/> 3 Tips</td> <td><input type="checkbox"/> 3 Tips</td> </tr> </table>	Non-Vented	Vented	<input type="checkbox"/> 3 Tips	<input type="checkbox"/> 3 Tips
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<input type="checkbox"/> Large	<input type="checkbox"/> Large										
Non-Vented	Vented										
<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 solid, 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 - **\$17.00/package**

UPS International - TBD

Credit Card:	Exp: CCV:
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Signature: