

Supportive Hearing Systems Service Request Form

Fields marked "*" are optional.

System Information

Customer Information

Invoice/ Packing Slip #
System under Warranty? Yes <input type="checkbox"/> No <input type="checkbox"/>
If not, quote required? Yes <input type="checkbox"/> No <input type="checkbox"/>

School Board
Student Name * Grade *
Teacher Name * Room *

Repair Quote Contact Name
Telephone Email

Name of Person Making Request
Telephone Email

Receiver Serial # *	Charging Cradle Serial # *
Transmitter 1 Serial # *	Transmitter 2 Serial # *
Speaker Serial # *	Other Serial # *

School Name
Ship to Address
City Province Postal Code

Repair Priority: Regular <input type="checkbox"/> Urgent <input type="checkbox"/>
What units have been sent in?
Receiver <input type="checkbox"/> Transmitter 1 <input type="checkbox"/> Transmitter 2 <input type="checkbox"/>
Cradle <input type="checkbox"/> Speaker <input type="checkbox"/> Other: <input type="text"/>

Contact Person (If different from person making request) *
Telephone * Email *

Repair Information

Describe the problem and what has been done to troubleshoot it:
Special Requests and Additional Notes: