

LOSS & DAMAGE REPLACEMENT APPLICATION



Authorized Representative _____

Account Information Bill to _____

Ship to _____

Serial Number(s) _____

Receiver/Tubing Size and Side _____

Account Address _____

To be completed by client:

I hereby apply for a replacement hearing instrument(s) for the instrument(s) listed below.

The instrument(s) was _____ lost _____ damaged on or about _____ (date) due to the following:

I affirm that this Loss & Damage Replacement Application is not the result of intentional or fraudulent loss or damage to the original instrument(s) identified by the serial number(s) above. The replacement instrument provided by Starkey comes with no loss or damage coverage. The replacement instrument is covered by any warranty or service plan ONLY to the extent that any such coverage that was applicable to the original instrument has not yet expired. I understand that if a replacement instrument is provided and the original instrument is subsequently located and sent to the manufacturer (Starkey) for service, repair or any other reason, the original instrument shall become the property of Starkey.

Client's Name (Please Print) _____

Client's Signature _____

Date _____

Street Address _____

City _____

State/Province _____

Zip/Postal Code _____

Witness Signature _____

Date _____

Authorized Representative _____

To be completed by dispenser or authorized representative:

Serial Number(s) _____

_____ Impressions Enclosed

_____ Use SLS Scans

_____ Damaged Instrument Enclosed