

Supportive Hearing Systems Service Request Form

SUBMIT

Fields marked "*" are optional.

System Information

Customer Information

Invoice/ Packing Slip #		
Warranty or Service Plus? Yes	<input type="radio"/>	No <input type="radio"/>
If not, quote required? Yes	<input type="radio"/>	No <input type="radio"/>

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"/> 2 <input type="checkbox"/> Mic <input type="checkbox"/>
Charger <input type="checkbox"/>	Speaker <input type="checkbox"/> Other: <input type="checkbox"/>

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

Repair Information

Describe the problem and troubleshooting history: _____
Special Requests and Additional Notes: _____