

Application for a
Soundaid Hearing Aid Warranty

Fill out Completely and mail with payment to:

P.O. Box 161368
Mobile, Al 36616-2368
1-800-525-7936

Name _____ Address _____

City _____ State _____ Zip _____ Phone _____

Left aid: Make _____ Model _____ Serial# _____ Purchase Date _____

Right aid: Make _____ Model _____ Serial# _____ Purchase Date _____

** Coverage desired A: Comprehensive B: Loss & Damage C: Damage & Component Failure

* Circle the rate schedule that applies: 1 2 3 4

I hereby certify the above aids are currently in my possession, are in unblemished, undamaged condition, and are in good working order with no defects or abnormal performance.

Date: _____ Applicant Signature _____

* Go to Makes & Models to find the rate schedule for your hearing aids

**Go to Rate Schedule to find the amount of the warranty for your aids.