REPAIR / SERVICE FORM 2.3

DATE:_____

_____
CUSTOMER NAME

_____
EMAIL

_____
BILL/SHIP TO ADDRESS **ZIP CODE**

_____
CITY **STATE/PROVINCE**

_____
COUNTRY **PHONE**

PRODUCT MODEL: _____ SERIAL#:_____

PRODUCT TYPE: ☐ CUSTOM ☐ UNIVERSAL ☐ DEMO UNIT ☐ W/ADEL

WHAT ARE YOU SHIPPING TO US?

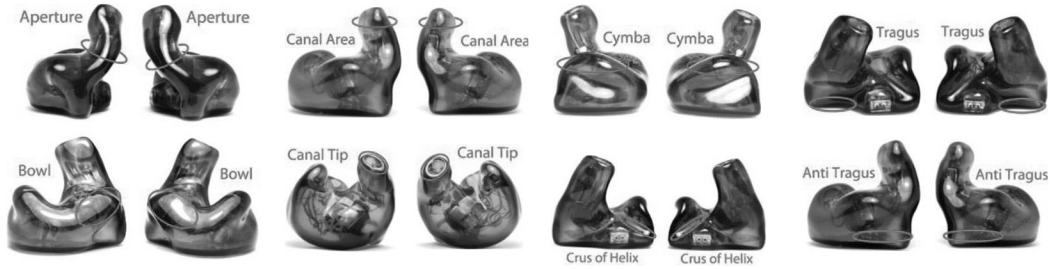
☐ LEFT MONITOR (complete **A** below) ☐ ADEL MODULES ☐ OTHER_____

☐ RIGHT MONITOR (complete **B** below) ☐ CASE _____ ☐ CABLE _____

(A) LEFT EAR COLORS	(B) RIGHT EAR COLORS
FACEPLATE:_____	FACEPLATE:_____
SHELL:_____	SHELL:_____
LOGO:_____	LOGO:_____

1. What issues are you having today? Please circle each that applies

FIT			SOUND/CONDITION			SHELL/FACEPLATE		
LT	RT	Slightly Loose/Poor Seal	LT	RT	Dead	LT	RT	Cracked Shell (Micro fracture)
LT	RT	Very Loose/Falling Out	LT	RT	Distorted/Cut In and Out	LT	RT	Faceplate Damaged/Missing
LT	RT	Slightly Tight/Uncomfortable	LT	RT	Weak/Loss of sound	LT	RT	Crushed/Damaged Shell (All drivers are intact)
LT	RT	Very Tight/Painful	LT	RT	Loose/Damaged Socket	LT	RT	Crushed/Damaged Shell (Damaged or missing driver)
LT	RT	Canal Too Long	Cable		Cable Damaged/Defective	LT	RT	Custom Artwork Issue
LT	RT	Canal Too Short	Other		Describe below	Other		Describe below
Other		Describe below						



2. Problem areas - Fit issue in a specific area

If you are having a fit issue, please fill out Section 1 above
Using a sharpie marker, mark the problematic areas on the in-ears the best you can. Be as precise as possible with your markings to help aid us in properly refitting your in-ears.

3. Other – Please describe your problem in detail.

Provide photos or illustration if possible.
Please use back of paper for more space

4. Shipping

Put your in-ear monitors in your InEarz case or crush proof container and place into a padded envelope or properly padded box. We are not responsible for lost or damaged packages shipping to us. We recommend insuring your package as well as making the package signature required.

Please send your product and repair form to:

InEarz Audio
170 N Cypress Way
Casselberry, FL 32707

DAMAGED/FIT ISSUE REMAKE/RESHELL REQUEST – COMPLETE BELOW

☐ New ear impressions are enclosed Use ear
☐ impressions on file (**Effective March 2018**)

INEARZ AUDIO USE ONLY

WARRANTY

☐ YES ☐ NO

☐ Discount/Complimentary

Pre-Approved by:

_____

☐ REPAIR ☐ REMAKE /RESHELL

☐ OTHER _____

SERVICE NOTE: Tech Initial: _____

_____

_____

SERVICE COST: _____
DISCOUNT: _____
NEW CABLE: _____
OTHERS: _____
SALES TAX: _____
SHIPPING _____
TOTAL DUE: _____

DATE: _____

TOTAL PAID: _____

PAYMENT METHOD:

☐ CC ☐ PayPal

☐ Other _____