



SERVICE ORDER FORM v5.0

Rev. 2-1-22

DATE: _____ REP: _____ CUSTOMER NAME _____ EMAIL _____ PHONE _____ BILL/SHIP TO ADDRESS _____ CITY _____ STATE/PROVINCE _____ ZIP CODE _____ COUNTRY _____	PRODUCT MODEL: _____ PRODUCT TYPE: <input type="checkbox"/> CUSTOM <input type="checkbox"/> UNIVERSAL WHAT ARE YOU SHIPPING TO US? <input type="checkbox"/> RIGHT MONITOR (complete A below) <input type="checkbox"/> LEFT MONITOR (complete B below) <input type="checkbox"/> CASE _____ <input type="checkbox"/> CABLE _____		
	LEFT EAR RIGHT EAR		
	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; border-right: 1px solid black;"> FACEPLATE: _____ SHELL: _____ LOGO: _____ SN: _____ </td> <td style="width:50%;"> FACEPLATE: _____ SHELL: _____ LOGO: _____ SN: _____ </td> </tr> </table>	FACEPLATE: _____ SHELL: _____ LOGO: _____ SN: _____	FACEPLATE: _____ SHELL: _____ LOGO: _____ SN: _____
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1. What kind of problem are you having? Which ear? Please circle your answer below.

FIT	CONDITION	SHELL CASE
RT LT Slightly Loose/Poor Seal	RT LT Dead	RT LT Cracked Shell (Small micro fracture)
RT LT Very Loose/Falling Out	RT LT Distorted /Cut In and Out	RT LT Hole in Shell
RT LT Tight Canal	RT LT Sound Unbalance	RT LT Faceplate Came Off
RT LT Tight Helix	RT LT Weak/Loss of sound	RT LT Faceplate Cracked
RT LT Tight All Over	RT LT Booming	RT LT Crushed/Damaged Shell (All drivers are intact)
RT LT Tight Anti Tragus	RT LT Dead /Defective Driver	RT LT Crushed/Damaged Shell (Damaged or missing drivers)
RT LT Canal Too Long	RT LT Loose/Damaged Socket	Other Describe below
RT LT Canal Too Short	RT LT Damaged Sound Port	
RT LT Wrong Canal Direction	RT LT Logo / Custom Art Issue	
Other Describe below	RT LT Cable Damaged	
	Other Describe below	

2. Other – Please describe your problem in more detail. Provide photos or illustrations when necessary.

3. Problem Area Marking – Fit issue in a specific area.

If you are having a fit problem, fill out Section 1 above and then use a sharpie marker to mark the problem area that you would like us to repair. Be as precise as possible with your marking. This will help us to determine the best way to process your repair request.

4. Shipping Instructions

Put your custom in-ear monitor in your Empire Aegis case or crush proof container. Then place the case into a box or padded envelope for shipping. We recommend that you insure and require us to sign that we have received the package. We are not responsible for lost or damaged packages being shipped to us. **Please send shipment and this repair form to:**

EMPIRE EARS, 5600 Oakbrook Pkwy, Suite 100, Norcross, GA 30093

DAMAGED/FIT ISSUE REMAKE REQUEST – COMPLETE BELOW

New ear impressions are enclosed

Use ear impressions on file

EMPIRE USE ONLY				
WARRANTY: YES NO Complimentary Per _____	<u>LEFT EAR SERVICE ORDER</u> List approved repairs and prices below	<u>RIGHT EAR SERVICE ORDER</u> List approved repairs and prices below	Order Total: _____ Other charges: _____ Sales Tax: _____ Shipping: _____ Total Due: _____	Pay Date: _____ Total Paid: _____ Payment Method: <input type="checkbox"/> Square <input type="checkbox"/> PayPal # _____ <input type="checkbox"/> Cash _____ Signature _____