

WAIT PICK UP SHIP IT



DIAGNOSE: NOW 24 HRS

LEAD TIME: 1 HR 5 DAYS 10 DAYS

EMPIRE

SERVICE ORDER FORM 4.5

<p>DATE: _____ REP. _____ ORDER TIME: _____</p> <hr/> <p>CUSTOMER NAME _____</p> <hr/> <p>EMAIL _____ PHONE _____</p> <hr/> <p>BILL/SHIP TO ADDRESS _____</p> <hr/> <p>CITY _____ STATE/PROVINCE _____</p> <hr/> <p>ZIP CODE _____ COUNTRY _____</p>	<p>PRODUCT MODEL: _____ <input type="checkbox"/> W/ADEL TECHNOLOGY</p> <p>PRODUCT TYPE: <input type="checkbox"/> CUSTOM <input type="checkbox"/> UNIVERSAL <input type="checkbox"/> DEALER DEMO</p> <p>WHAT ARE YOU SHIPPING TO US?</p> <p><input type="checkbox"/> RIGHT MONITOR (complete A below) <input type="checkbox"/> B1 <input type="checkbox"/> G1 <input type="checkbox"/> MAM <input type="checkbox"/> NONE</p> <p><input type="checkbox"/> LEFT MONITOR (complete B below) <input type="checkbox"/> CASE _____ <input type="checkbox"/> CABLE _____</p>										
	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:50%;">RIGHT EAR</th> <th style="width:50%;">LEFT EAR</th> </tr> <tr> <td>FACEPLATE: _____</td> <td>FACEPLATE: _____</td> </tr> <tr> <td>SHELL: _____</td> <td>SHELL: _____</td> </tr> <tr> <td>LOGO: _____</td> <td>LOGO: _____</td> </tr> <tr> <td>SN: _____</td> <td>SN: _____</td> </tr> </table>	RIGHT EAR	LEFT EAR	FACEPLATE: _____	FACEPLATE: _____	SHELL: _____	SHELL: _____	LOGO: _____	LOGO: _____	SN: _____	SN: _____
RIGHT EAR	LEFT EAR										
FACEPLATE: _____	FACEPLATE: _____										
SHELL: _____	SHELL: _____										
LOGO: _____	LOGO: _____										
SN: _____	SN: _____										

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>(Small micro fracture/hair line size crack)</small>
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 <small>(All drivers are intact)</small>
RT LT Tight Anti Tragus	RT LT Dead/Defective Driver	RT LT Crushed/Damaged Shell <small>(Damaged or missing driver)</small>
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 Canal Too Thick/Wide	RT LT Custom Art Issue	
RT LT Wrong Canal Direction	Cable Cable Damaged/Defective	
Other Describe below	Other Describe below	

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

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 Parkway, Suite 100
Norcross, GA 30093

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.

DAMAGED/FIT ISSUE REMAKE REQUEST - COMPLETE BELOW

New ear impressions are enclosed

Use ear impressions on file

EMPIRE USE ONLY

<p>WARRANTY</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p><input type="checkbox"/> Discount/Complimentary</p> <p>Pre-Approved by: _____</p>	<p><input type="checkbox"/> REPAIR <input type="checkbox"/> REMAKE <input type="checkbox"/> UPGRADE</p> <p><input type="checkbox"/> OTHER _____</p> <p>SERVICE NOTE: _____ Tech Initial: _____</p>	<p>SERVICEPRICE: _____</p> <p>DISCOUNT: _____</p> <p>NEW CABLE: _____</p> <p>OTHERS: _____</p> <p>SALES TAX: _____</p> <p>SHIPPING: _____</p> <p>TOTAL DUE: _____</p>	<p>DATE: _____</p> <p>TOTAL PAID: _____</p> <p>PAYMENT METHOD:</p> <p><input type="checkbox"/> Square <input type="checkbox"/> PayPal</p> <p><input type="checkbox"/> Other _____</p>
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