

Name:	ENDER® EL	ECTRONIC	EARPLUGS	
Physical S	hip To Addr	ess		_
Phone:		Email:		
Provider N	ame			_
Phone:		Email:		
				<u>-</u>]
	- 1 Channel			
	- 2 Channel	l w/Multi-Momo		
☐ HDWDP4	MM – 2 Channel MM – 4 Channel	w/Multi-Memor	у	
☐ HDWDP8	MM – 8 Channel	w/Multi-Memor		
		COLOR OPTIC	-	
ا	(Up to three col	lors per side for sw R	virled) ight Ear	
☐ Aqua	☐ Orange	□ Aqua	☐ Orange	
□ Beige □ Black	☐ Pink	☐ Beige ☐ Black	☐ Pink	
□ Blue	□ Purple □ Red	□ Blue	□ Purple □ Red	
☐ Brown	☐ White	□ Brown	☐ White	
□ Fuchsia □ Green	☐ Yellow ☐ Glow	☐ Fuchsia ☐ Green	□ Yellow □ Glow	
□ Green				
Le	SHELL GL	ITTER OPTIONS R	ight Ear	
□ Blue	Red	□ Blue	□ Red	
☐ Gold ☐ Multi-Colo	□ Silver or	☐ Gold ☐ Multi-Colo	□ Silver r	l
	EACEDI ATE	COLOR OPTIO		
<u>Le</u>	eft Ear		ight Ear	
☐ Beige	☐ Green	☐ Beige	☐ Green	
□ Black □ Brown	□ Orange □ Sky Blue	☐ Black ☐ Brown	□ Orange □ Sky Blue	
	ADDITIO	NAL OPTIONS		
☐ Extended 1	2 Month Warran	ty	\$190.00/set	
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	Special	Instructions		1
	F			

This form is to be used when ordering electronic hearing protection from E.A.R., Inc.. Please complete the form as requested with all necessary contact and delivery information.

ALL FIELDS ARE REQUIRED!

- 1. Fill out order form completely
- 2. Provide a physical mailing address as the ship to address DO NOT provide a P.O. Box number for delivery.
- 3. Include payment with order Visa, MasterCard, AMEX, Discover, Personal or Business Check.
- 4. Be sure the impressions you send are accurate! A proper fitting is required to ensure good performance. If you have questions please give us a call!
- 5. Send order form and impression(s) to:

E.A.R., Inc. 5763 Arapahoe Ave., Unit M Boulder, CO. 80303 U.S.A.

RETURN SHIPPING

Do you want to insure this shipment? \square Yes
(Insurance is an additional \$10.00 per set.)

☐ UPS 2nd Day - 20.00/Package ☐ UPS International - TBD

Credit Card _	
Ехр _	
CVV_	
Signature _	

If you have any further ordering questions, please contact us to discuss.