



ORDER FORM

Customer Name:

Physical Address Required:

Phone: _____ Email: _____

Bill to:

Provider:

Product / Model (Check Appropriate Boxes)
Non-Programmable Circuit
☐ **E.A.R. Digital Soft Shot Flex Pro** _____

Requested Faceplate/Shell Color
☐ **Orange Faceplate – Clear Shell** _____
☐ **Orange Faceplate – Red Right/Left Blue Shell** _____
☐ **Orange Faceplate – Beige Shell** _____
☐ **Black Faceplate – Clear Shell** _____
☐ **Black Faceplate – Red Right/Left Blue Shell** _____
☐ **Black Faceplate – Beige Shell** _____
☐ **Hunter Tan Faceplate – Clear Shell** _____
☐ **Hunter Tan Faceplate – Red Right/Left Blue Shell** _____
☐ **Hunter Tan Faceplate – Beige Shell** _____

Chameleon Ear Color – Left Ear

(Check Appropriate Boxes, up to three if you want to swirl colors)

- | | | | |
|---------------------------------|---------------------------------|---------------------------------|--------------------------------|
| <input type="checkbox"/> Clear | <input type="checkbox"/> Black | <input type="checkbox"/> Brown | <input type="checkbox"/> Beige |
| <input type="checkbox"/> Purple | <input type="checkbox"/> Orange | <input type="checkbox"/> Yellow | <input type="checkbox"/> Green |
| <input type="checkbox"/> Pink | <input type="checkbox"/> Blue | <input type="checkbox"/> Red | <input type="checkbox"/> Gray |
| <input type="checkbox"/> White | | | |

Chameleon Ear Color – Right Ear

(Check Appropriate Boxes, up to three if you want to swirl colors)

- | | | | |
|---------------------------------|---------------------------------|---------------------------------|--------------------------------|
| <input type="checkbox"/> Clear | <input type="checkbox"/> Black | <input type="checkbox"/> Brown | <input type="checkbox"/> Beige |
| <input type="checkbox"/> Purple | <input type="checkbox"/> Orange | <input type="checkbox"/> Yellow | <input type="checkbox"/> Green |
| <input type="checkbox"/> Pink | <input type="checkbox"/> Blue | <input type="checkbox"/> Red | <input type="checkbox"/> Gray |
| <input type="checkbox"/> White | | | |

Special Instructions:

If shipping by mail, ship to:

E.A.R., Inc./Insta-Mold
P.O. Box 18888
Boulder, CO. 80308 U.S.A.

If shipping by UPS, Fed Ex, etc.

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

☎ (303) 447-2619 *Toll Free: (800) 525-2690 * Fax: (303) 447-2637
www.EARinc.com ~ www.FreeHearingTest.com ~ Email: info@EARinc.com

Notice:

The following information should help you fill out this order form properly.

This order form is to be used for:

1.) Ordering E.A.R., Inc.'s line of electronic hearing protection

- Fill out order form completely
- Provide a physical mailing address (**not a P.O. Box**)
- Include payment with order (**Visa, Mastercard, Personal or business check**)
- 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!

This order form can also be used for:

2.) Sending an electronic earplug in for repair

- If the repair is out of warranty we require cost of the repair to be sent with the unit(s). Call E.A.R., Inc. for more information.
- Also, please include an explanation of the problem.
- Do not include batteries, cleaning tools, etc. with units. They may get lost in processing.



*Please note the above impression is free of folds and voids and has good canal length, which is important for accurate production. If your impression does not look like this, please note delays could occur in manufacturing your request.

Shipping:

- ☐ UPS 2nd Day - \$25.00/package
☐ UPS International - TBD
☐ Customer Shipping Account
Carrier _____ # _____

Credit Card:

Exp:

Signature: