

## Request for Repair – iPlugz Gen I

Hello!

Thank you for contacting E.A.R. in Boulder, Colorado. We appreciate your business and are here to help remedy any concerns you have with your product.

Please send your ear plugs back to the below address for evaluation by our technicians. We recommend using a traceable shipping method. **Ensure your ear plugs are packaged appropriately for shipment back to E.A.R.** We are not responsible for lost or damaged packages due to carrier selection.

**NOTE: We are not responsible for any items you send in with your unit(s) needing repair. PLEASE only return your units - keep all your storage cases and materials at home. Any other items that are sent in with your units will not be returned.**

E.A.R.

Attn: Repairs

5763 Arapahoe Ave, Unit M

Boulder, Co 80303

Standard turnaround time for repairs is three-four weeks once we have your unit(s) in hand. For information on costs, please contact us. We appreciate your business and hope to resolve your issues in a timely manner.

E.A.R., Inc.

Repair Department

800-525-2690

info@earinc.com

**Please fill out the information sheet on the next page and include it in your package upon return, thank you.**

# E.A.R. Customer Information

Date:

|   |                                   |                                |
|---|-----------------------------------|--------------------------------|
| Name (Product owner):                                     |                                   |                                |
| Ship to Address:  |                                   |                                |
| Do you want to insure your return shipment?               | <input type="checkbox"/> Yes      | <input type="checkbox"/> No    |
| Phone Number(s):  |                                   |                                |
| email Address:  |                                   |                                |
| Preferred Method of Contact:                              | <input type="checkbox"/> Phone    | <input type="checkbox"/> Email |
| Product Description:                                      |                                   |                                |
| Brief description of why you are sending in your product: |                                   |                                |
|   |                                   |                                |
|   | Credit Card Number: _____         |                                |
|   | Expiration Date: _____ CVV: _____ |                                |
|   | Signature: _____                  |                                |