



Score Components, Inc PO Box 1283 Monticello, MN 55362

REPAIR FORM

Contact information:		Date:	
Name:		Ship To:	
Phone:		Name	
Email Address: @		Address	
		City	
		State	
		Zip code	
		Country	
Hearing Aid Information			
LEFT EAR		RIGHT EAR	
Style: Full Shell Half Shell Canal CIC Mini-Canal BTE Body Aid Other		Style: Full Shell Half Shell Canal CIC Mini-Canal BTE Body Aid Other	
Make: _____		Make: _____	
Model: _____		Model: _____	
Serial #: _____		Serial #: _____	

REASON FOR THE REPAIR

<input type="checkbox"/> [L] <input type="checkbox"/> [R] Dead	Other	Other
<input type="checkbox"/> [L] <input type="checkbox"/> [R] Weak		
<input type="checkbox"/> [L] <input type="checkbox"/> [R] Cracked-Broken Shell/Case		

Payment Information:	Check	Money Order	PayPal
Total Amount Enclosed (MN Residents add 7% sales tax) \$ _____	Make checks/money orders payable to: Score Components PO Box 1283 Monticello, MN 55362 (612) 817-8924	We charge a base \$90.00 per aid for a standard service. If the device is in an extreme condition, we will be happy to call you for an estimate.	

We suggest you send your hearing aid in a sturdy box via an insured and traceable means such as FedEx, UPS Ground or USPS Priority Mail. Please allow one week for standard repair processing time.