

Return for Credit Form



Date: _____ / _____ / _____
DD MM Year

Attention to (at Phonak): _____

Account Information

Account Number: _____

Company Name: _____

Phone Number: _____

Address: _____

User Information

Last Name:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

First Name:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Hearing Instrument Information

Serial # R: _____ Other Serial #: _____

Serial # L: _____ Other Serial #: _____

Please attach a copy of invoice

Accessories Sent with Unit

Return for Credit

Please refer to current Phonak Price and Policy for restocking fee

L	R	Quality reason
<input type="checkbox"/>	<input type="checkbox"/>	Acoustic / Sound Quality Not functioning
<input type="checkbox"/>	<input type="checkbox"/>	Too many repairs / Remakes
<input type="checkbox"/>	<input type="checkbox"/>	Not enough benefit

L	R	Quality reason
<input type="checkbox"/>	<input type="checkbox"/>	Cosmetic
<input type="checkbox"/>	<input type="checkbox"/>	Poor fit
<input type="checkbox"/>	<input type="checkbox"/>	Exchange form factor

L	R	Quality reason
<input type="checkbox"/>	<input type="checkbox"/>	Order fulfilment error
<input type="checkbox"/>	<input type="checkbox"/>	Overstock / Consignment
<input type="checkbox"/>	<input type="checkbox"/>	Cost related
<input type="checkbox"/>	<input type="checkbox"/>	Patient can't adapt

L	R	Quality reason
<input type="checkbox"/>	<input type="checkbox"/>	Patient medical problem
<input type="checkbox"/>	<input type="checkbox"/>	Device medical problem
<input type="checkbox"/>	<input type="checkbox"/>	Please specify _____

Additional Comments