

Consumer Exchange/Refund Form



The following information must be completed by the consumer:

Consumer Name: _____

Address: _____

Phone#: _____

Left: _____

Right: _____

Warranty Expires: _____

Serial Number: _____

☐ I request an exchange of my current hearing aid for a product more appropriate for my hearing needs.

☐ I request a refund according to the terms of my Purchase Agreement.

At Miracle-Ear, our objective is to provide each consumer with the highest quality product, a full aftercare program, nationwide assistance and, above all, maximum benefit from their amplification.

In order for Miracle-Ear to achieve its objective, it is imperative that we receive your comments regarding your reasons for requesting a refund or exchange. Please be as detailed as possible. Feel free to attach additional information if needed.

Consumer Signature: _____

Date: _____

For franchisee use only. This form must accompany all hearing aids.

Bill to Account Number: _____

Ship to Account Number: _____

Bill to Address: _____

Ship to Address: _____

Franchisee: _____ Date: _____

Internal Use Only: _____

Acct. Number: _____

Signature of Approval: _____