



Name:

Date:

Delivery:

☐ Ordered

Model:

Color:

Receiver Length & Power:

L:

R:

Tips/Molds:

L:

R:

Demo: Yes No

Demo Model:

Programmed: New - Experienced - Power

☐ Circle of Understanding-

Before: \_\_\_\_\_ After: \_\_\_\_\_

☐ Trial Aware

☐ Trial Contract Signed

☐ TITU- Serial No.: \_\_\_\_\_

☐ Medical Studies:

☐ Thank you card

**Financing:**

Left:

Right:

**TOTAL:**

Accessories:

Discount:

**TOTAL:**

Insurance:

Deposit:

**BALANCE:**

**Hearing Difficulties:**

*(Indicate Most Important)*

- ☐ Car
- ☐ Phone
- ☐ Crowds/Groups
- ☐ Restaurants
- ☐ TV/Movies
- ☐ Church
- ☐ Family Gatherings
- ☐ Spouse/Significant Other
- ☐ Children/Grandchildren
- ☐ Meetings
- ☐ One-on-One
- ☐ Work
- ☐ Other:

**Notes:**

**Protection Plan**

- ☐ Monthly
- ☐ Yearly

**Financing Options:**

- ☐ Paying in Full
- ☐ Financing

Social Security Number: \_\_\_\_\_

*(Approval Amount)*

- ☐ HealthiPlan-
- ☐ All Well-
- ☐ Genesis-
- ☐ Boonfi-

Terms:

Monthly Payment: