



Repair Estimate

2680 N. Snelling Ave. #265
 Roseville, MN 55113
 651-600-3245

Name: _____ Phone: (H) _____

Address: _____ (O) _____

Hearing Aid Brand: _____

Model: _____

Serial # _____

Insurance: _____

Date	Repair Issue	Cost	Credit	Balance

Policy Regarding Repair and Warranty

The charges on this repair estimate cover most parts and service necessary to restore the instrument to standard performance. Charges do NOT cover fees for professional services (e.g., hearing tests, hearing aid assessments, ect.).

- This repair covers a service warranty from the manufacturer limited to parts and workmanship covering _____ months and expires on _____ 20____.

THE UNDERSIGNED HEREBY AGREES THAT HEARING AIDS NOT PICKED UP WITHIN 90 DAYS FROM THE DATE OF THIS AGREEMENT BECOME THE PROPERTY OF ACTIVE HEARING AND AUDIOLOGY.

 Signature

 Date