COSTCO HEARING AID CENTER

RETURN FOR CREDIT FORM

Shipping:10 Constitution Ave, Piscataway, NJ 08855
Corporate: 3033 Campus Dr, W125 Plymouth MN 55441
1(866) 739.8661 • FAX 1(763) 577.0644

REXTON

ACCOUNT & BILLING INFORMATION

Contact:	Phone:	Date:
Bill To: **C50008642** Please include RTV form	Ship To:	

CLIENT & INSTRUMENT INFORMATION

Member Name:	
Fit Date:	
Left Serial Number:	Model:
Right Serial Number:	Model:

COMMENTS

To help us continuously improve our quality, please select **REASON FOR RETURN (CHOOSE ONE)**

- 29 ☐ Chose different model
- 50 ☐ Could not tolerate amplification
- 33 ☐ Deceased/Illness
- 49 ☐ Preferred monaural, ordered binaural
- 91 ☐ Performance not to expectation/intelligibility
- 32 ☐ Chose instrument from another manufacturer
- 90 ☐ Defective
- 10 ☐ Fit/Feedback
- 67 ☐ Multiple Remakes/Repairs
- 48 ☐ No improvement over unaided
- 34 ☐ Financial Reasons

☐ Please contact me to discuss this return.

Name: Phone: Best time to contact: ☐ AM ☐ PM

FACTORY USE ONLY • Please do not write in this area.