

Bill To#: C50008642

COSTCO

Member Information

Last, First, Middle Initial

P.O. #

Ship To

Date

MM/DD/YY

Contact Name

Phone #

Impression Enclosed L R

OR Scan on File:

Check if RIC Ordered with Earmolds

3.0 (M-Core B-Li M and P only)	<input type="checkbox"/>
ALL OTHERS	<input type="checkbox"/>



STYLE	FULL SHELL	1/2 SHELL	SKELETON	SEMI SKELETON	3/4 SKELETON	1/2 SKELETON	CANAL	CANAL LOCK	CANAL HELIX LOCK
3.0	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ALL OTHER MODELS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MATERIAL									
ACRYLIC (SOLID)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ACRYLIC (OPEN)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SILICONE (SOFT)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

MOLD FINISH	COLORS	CLEAR	ROSE	BEIGE	BROWN	RED	ORANGE	YELLOW	BLUE	LILAC	BLACK	WHITE	GREEN	PINK	PURPLE
GLOSS <input type="checkbox"/>	ACRYLIC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>										
MATTE* <input type="checkbox"/>	SILICONE OPAQUE					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
*ACRYLIC ONLY	SILICONE TRANSLUCENT								<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	SILICONE GLITTER	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

VENT TYPE	3.0		OTHER	
	L	R	L	R
NO VENT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SEMI-IROS			<input type="checkbox"/>	<input type="checkbox"/>
STANDARD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TRENCH			<input type="checkbox"/>	<input type="checkbox"/>
OPEN	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

VENT SIZE*	3.0		OTHER	
	L	R	L	R
1.0 MM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.2 MM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.6 MM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.0 MM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.0 MM	<input type="checkbox"/>	<input type="checkbox"/>		
LARGE AS POSSIBLE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CANAL LENGTH	3.0		OTHER	
	L	R	L	R
DEEP			<input type="checkbox"/>	<input type="checkbox"/>
LONG	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MEDIUM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SHORT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
AS MARKED ON IMP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SIDE INDICATORS*	
L AND R	<input type="checkbox"/>
BLUE/RED DOT	<input type="checkbox"/>

*Select 1 only

REMOVAL STRING	
YES	<input type="checkbox"/>
NO	<input type="checkbox"/>

NOTE: DEFAULT OPTIONS IN BOLD

*Available for Standard Vent only

CHOOSE THIN TUBE OR STANDARD TUBING											
THIN TUBE LENGTH	THIN TUBE			OR	STANDARD #13 TUBING SIZE						
	3.0				STANDARD TUBING	3 MM	3.1 MM	3.3 MM	3.3 DRY	3.5 MM	3.6 MM
	STANDARD 0.9 MM	POWER 1.4 MM	ALL OTHERS								
	L	R	L	R	L	R	L	R	L	R	
0	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
					REGULAR		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
					DOUBLE BEND	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
					QUICK-CONNECT		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
					LIBBY HORN						

SPECIAL INSTRUCTIONS

REMAKE				90-day remake allowance from original invoice date			
Left Serial #:	L	R	Right Serial #:	L	R		
Too tight	<input type="checkbox"/>	<input type="checkbox"/>	Wire/tube protrudes	<input type="checkbox"/>	<input type="checkbox"/>		
Too loose	<input type="checkbox"/>	<input type="checkbox"/>	Add Canal/Helix lock	<input type="checkbox"/>	<input type="checkbox"/>		
Feedback	<input type="checkbox"/>	<input type="checkbox"/>	Remove Canal/Helix lock	<input type="checkbox"/>	<input type="checkbox"/>		
Canal too short	<input type="checkbox"/>	<input type="checkbox"/>	Change model/material	<input type="checkbox"/>	<input type="checkbox"/>		
Canal too long	<input type="checkbox"/>	<input type="checkbox"/>	Damaged	<input type="checkbox"/>	<input type="checkbox"/>		
Manufacturer error	<input type="checkbox"/>	<input type="checkbox"/>	Change color	<input type="checkbox"/>	<input type="checkbox"/>		
Earmold sticks out	<input type="checkbox"/>	<input type="checkbox"/>	Increase/decrease vent size	<input type="checkbox"/>	<input type="checkbox"/>		