

PURCHASE AGREEMENT

PERSONAL INFORMATION

First Name

Last Name

Address

City

State

Zip

Phone

Email

Patient ID

DOB

INSTRUMENTS & EQUIPMENT

You have chosen the following instruments and/or equipment:

Manufacturer	Serial Number	Item Model	Ear	Unit Price

Other Items

Total Amount	
Discount	
Total Tax	
Deposit	
Total Due	

Provider:

Order date:

Warranty L:

Warranty R:

Loss and Damage L:

Loss and Damage R:

WARRANTY & CONDITIONS

AGREEMENT

Signature

Signature

Audiologist signature

Patient Signature

Date

Patient Name - Printed