



SERVICE OFFICE  
M T W Th F

\_\_\_\_\_to\_\_\_\_\_

**PURCHASE AGREEMENT (MONTANA)**

I (“Buyer”) hereby purchase from HearUSA (“Seller”), the hearing system and equipment described below, agree to pay the purchase price written, and honor the following terms and conditions of the sale herein specified. The equipment is new, and warranted against defects in material and workmanship for a period of \_\_\_\_\_ years from the date of purchase. Remakes, however, are warranted for one year only, and ear molds are warranted for 90 days. In the case of loss or damage during the warranty period, a one-time replacement will be provided, subject to a deductible of \$\_\_\_\_\_ per aid. Maintenance service for the hearing aid(s) is available through HearUSA.

	Manufacturer	Model	Serial No	Price
Left				
Right				
<b>Purchase Price</b>				\$
Professional Services – Testing, Fitting, and Follow-Up				\$
Ear mold(s)				\$
Special Features: _____				\$
Remote Control				\$
Hearing Test				\$
Examination of Ear				\$
Dispensing Services				\$
In Office Service, Cleaning				\$
Benefit				\$
SUBTOTAL:				\$
OTHER				\$
NET PURCHASE PRICE PAYABLE:				\$

BATTERY SIZE \_\_\_\_\_

**Warranty information provided**

This hearing aid will not restore normal hearing nor will it prevent further hearing loss.

I am over the age of 18 and have been advised by HearUSA that the Food and Drug Administration has determined that my best health interest would be served if I had a medical evaluation by a licensed physician (preferably one who specializes in diseases of the ear), before purchasing a hearing aid. I do not wish a medical evaluation before purchasing a hearing aid.



**Purchaser's Full Name** (*Please Print*) \_\_\_\_\_

\_\_\_\_\_  
**Purchaser's Street Address** **City** **State** **Zip**  
**Telephone** (    ) \_\_\_\_\_