



SERVICE OFFICE
M T W Th F

_____ to _____

PURCHASE AGREEMENT (NORTH DAKOTA)

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 and recases, 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 and up to \$60 per ear mold if applicable.

Any examination or representation made by a licensed hearing aid specialist in connection with the fitting and selling of this hearing instrument is not an examination, diagnosis, or prescription by a person licensed to practice medicine in this State and shall not be considered as medical opinion or advice.

	Manufacturer	Model	Serial No	Price
Left				
Right				
Purchase Price				\$
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 _____

Instructional brochure provided

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

DELIVERY RECEIPT

This hearing aid(s) is warranted to be specifically fit for the particular needs of you, the buyer. This hearing aid (s) will not restore hearing nor will it prevent further hearing loss. You have the right to cancel this purchase or rental for any reason within _____ days after receiving the hearing aid by you or completion of fitting by the seller, whichever occurs later. If you return the hearing aid in the same condition, ordinary wear and tear excluded, as when purchased, the seller will either adjust or replace the device or promptly refund the amount paid less \$0 per instrument.

Signature _____ **Date of Purchase:** _____, 20_____

Purchaser's Full Name (Please Print) _____

Purchaser's Street Address **City** **State**

Zip Telephone () _____

Name of Hearing Aid Dispenser (Print) **Signature of Hearing Aid Dispenser** **Certificate #**