

**Start Hearing**  
**6700 Washington Avenue South**  
**Eden Prairie, MN 55344**  
**(866) 925-1287**

**BILL OF SALE**

**Tracking #:**  
**Invoice #:**

Dispenser/Audiologist:
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<b>PATIENT INFORMATION</b>		
Name:		
Address:		Phone:
City:	State:	Zip:

<b>Right Ear</b>	Make:	Model:	This product is: <input type="checkbox"/> New <input type="checkbox"/> Used <input type="checkbox"/> Reconditioned	Serial Number <i>(complete upon delivery)</i>	\$
<b>Left Ear</b>	Make:	Model:	This product is: <input type="checkbox"/> New <input type="checkbox"/> Used <input type="checkbox"/> Reconditioned	Serial Number <i>(complete upon delivery)</i>	\$
Services Rendered/Additional Products Sold					\$
Services Rendered/Additional Products Sold					\$
Manufacturer Limited Warranty:				Months:	\$
Additional warranty, e.g., Loss / Theft / Damage:				Months:	\$
Adjustments					\$
<b>Net Cost of Order</b>					<b>\$</b>
<b>Less Down Payment Received with Order:</b>		<input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Credit Card			\$
<b>Balance Due:</b>					<b>\$</b>

**Purchase Agreement Disclosure/Agreement to Terms**

Patient understands and agrees as follows: (1) that the dispenser or audiologist (“hearing professional”) has provided Patient with a separate purchase agreement and/or related documents prepared by the hearing professional containing additional terms and conditions as required by law in the state where hearing professional is licensed; (2) that such additional state-specific legal provisions are included by reference in this Bill of Sale; and (3) Patient agrees to the price of the hearing aid(s), accessories and services described above.

Patient/Person Responsible Signature:	Date of Purchase:
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**DELIVERY RECEIPT**

Hearing Aid Serial Numbers:	
Date of Delivery:	Patient/Person Responsible Signature:
	Dispenser/Audiologist Signature:

**60-DAY TRIAL PERIOD**

The hearing aids have a 60 (sixty) day trial period that begins on the date the aids are delivered to you. You may, for any reason, cancel the sale and receive a full refund by returning the original hearing aids during this period, provided that the aids are in the same condition, excluding ordinary wear and tear, as when they were delivered to you. Your hearing professional may, in his or her discretion, charge a non-refundable fee for services rendered on and before your fitting date – e.g., fees for performing a hearing test and for fitting you with your hearing aids. This fee is paid directly to your hearing professional.

If the hearing aid must be repaired, remade, or adjusted during the 60-day trial period, the running of the 60-day trial period is suspended one day for each 24-hour period that the hearing aid is not in your possession. A repaired, remade, or adjusted hearing aid must be claimed by you within three (3) working days after notification of availability. The running of the 60-day trial period resumes on the day you reclaim the repaired, remade, or adjusted hearing aid or on the fourth (4<sup>th</sup>) day after notification of availability.

If you desire to cancel this sale, you must provide written notice, by mail or by phone to Start Hearing. You must return the hearing aid(s) and the Performance Kit Plus accessory to either Start Hearing or the hearing professional.

Please email the scanned Bill of Sale document to **[ordering-glencoe@starhearing.com](mailto:ordering-glencoe@starhearing.com)**

OR

Please fax the Bill of Sale document to 320.864.5969