

# PURCHASE AGREEMENT

Phone:  
Fax:

## 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

Audiologist signature

Patient Signature

Date

Patient Name - Printed