

# REXTON Return for Credit Form

Shipping: 10 Constitution Ave, Piscataway, NJ 08855  
 Corporate: 3033 Campus Dr, W125 Plymouth MN 55441  
 1(866) 739.8661 • FAX 1(763) 577.0644

## ACCOUNT & BILLING INFORMATION

Contact:	Phone:	Date:
<b>Bill To:</b> <h1 style="text-align: center;">C50008642</h1> <p style="text-align: center;"><b>Please include RTV form</b></p>	<b>Ship To:</b>	

## CLIENT & INSTRUMENT INFORMATION

Member Name:	
Fit Date:	
Left Serial Number:	Model:
Right Serial Number:	Model:

## COMMENTS

*To help us continuously improve our quality, please select*  
**REASON FOR RETURN (CHOOSE ONE)**

- 29  Chose different model
- 50  Could not tolerate amplification
- 33  Deceased/Illness
- 49  Preferred monaural, ordered binaural
- 91  Performance not to expectation/intelligibility
- 32  Chose instrument from another manufacturer
- 90  Defective
- 10  Fit/Feedback
- 67  Multiple Remakes/Repairs
- 48  No improvement over unaided
- 34  Financial Reasons

Please contact me to discuss this return.

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Best time to contact:  AM  PM

## FACTORY USE ONLY • Please do not write in this area.