



225 The East Mall
Suite 1247
Toronto, ON M9B 0A9

Product Return Form

RMA Number _____

Customer Information

Name _____

Address _____

Telephone _ (_____) _____

E-mail _____

Product Information

Invoice Number _____

Product Name _____

Serial Number Right _____

Serial Number Left _____

Reason for Return

Would you recommend Online Hearing to a friend or family member? Yes / No

Office Use Only

Received Date _____

Product Check _____

Refund Processed _____

Notes: