

Customer Name:	Email:	Phone:
Ship to:		Shipping : Fedex: \$15 USPS Priority: \$12 USPS First-Class: \$5 <small>Audina is not responsible for orders sent USPS. Shipping prices will vary depending on location and size of package</small>

Hearing Protection

Product	Options	Qty	Color	Laser Etching +\$25	Cord	Grips
PRO Series Earplugs and Filters	10 15 17 20 26 27					
PRO Series Earplugs Only						
PRO Impulse Earplugs and Filters						
SleepSound					N/A	N/A
Swim Plugs						N/A
Total Blocks						
Pro Filter only individual	10 15 17 20 26 27					
Pro Impulse Filter only individual						

Communication

Product Description	Options	Jack options	Qty	Color	Laser Etching +\$25
PRO 26/27 Communicator <small>stnd stereo</small>	Pro 26 Pro 27				
PRO Impulse Communicator <small>stnd stereo</small>					
PRO 27 Pilot Spec Communicator <small>stnd stereo</small>					
PRO 26/27 Drivercom <small>stnd RCA</small>	Pro 26 Pro 27	Stereo 3.5, mono, lemo 00.250			
Drivercom <small>stnd RCA</small>		Stereo 3.5, mono, lemo 00.250			
Broadcast Mold <small>includes coiled tube</small>	Single or pair				

In Ear Monitors
only available in translucent colors

Product Description	Qty	Color	Laser Etching
Ambient Series			
Emotion Ambient Custom IEM			
Evolve Ambient Custom IEM			
Engage Ambient Custom IEM			
Evoke2 Ambient Custom IEM			
Classic Series			
Emotion Custom IEM			
Evolve Custom IEM			
Engage Custom IEM			
Evoke2 Custom IEM			

Notes / Special Instructions

CREDIT CARD AUTHORIZATION FORM

Audina Hearing Instruments

We need to obtain your authorization. You can complete and send in with your order or email it. Otherwise you will be called when the order is ready for payment over the phone.

Instructions:

1. Complete the form by filling in the blanks below.
2. Sign with the credit card holder's signature on the line indicated.
3. Email or fax this form to payments@audina.net / 1-407-331-1141.

I, _____, hereby authorize Audina Hearing Instruments, to charge my credit card for this order. A 3% service charge fee will be added to credit card transactions.

Type of Card:

Debit

Credit

Visa

MasterCard

Amex

Discover

Name as it appears on the Credit Card: _____

Credit Card Number: _____ Expiration Date: _____ Security Code: _____

Credit Card Billing Address:

Street: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____

Email address: _____

Cardholder's Signature: _____

Today's Date: _____



PRO SERIES COLOUR RANGE



Opaque Purple
Opaque Green
Opaque White



Neon Green
Opaque Yellow
Translucent Slate



Neon Pink
Opaque Blue
Translucent Sterling
Translucent Purple



Opaque Red
Neon Yellow
Translucent Champagne
Translucent Blue



Opaque Orange
Opaque Black
Neon Orange

* While every effort has been made to reproduce the colours accurately, due to differences in display panels the colours may not be an exact match to the final product.