



Complete this form and mail to:
**Songbird Hearing, 5415 Lake Howell Rd #124
Winter Park FL, 32792**

BILLING Information

Name: []
Address 1: []
Address 2: []
City: []
State: [] Zip code: []
Phone: ([]) [] - []
Email: []

SHIPPING Information (if different from shipping)

Name: []
Address 1: []
Address 2: []
City: []
State: [] Zip code: []
Phone: ([]) [] - []
Email: []

Songbird Hearing Aid Order Information

Single: **Songbird Ultra 2.0** \$ 495 []
Pair: Discounted \$ 940 []
Single: **Songbird Air** \$ 850 []
Pair: Discounted \$ 1,650 []
Shipping & Handling \$ 15 [] \$ 15 []
HEARING AID ORDER TOTAL \$ []

Accessory Order Information

2 Tubes/Tips for Ultra 2.0 **LEFT** \$ 20 []
2 Tubes/Tips for Ultra 2.0 **RIGHT** \$ 20 []
8 Ultra 2.0 Batteries \$20 []
2 Air Replacement Wax Guards \$40 []
8 Air Batteries \$20 []
Shipping & Handling \$ 8 [] \$ 8 []
ACCESSORY ORDER TOTAL \$ []

Method of Payment

Check or Money Order: [] (include with your order)
or Credit Card: []
Name on Card: []
Credit Card #: []
Expire Date: []
Security Code: []
Signature: []

Medical Waiver: By signing and sending this form I have been advised by Songbird Holdings, LLC that the Food and Drug Administration has determined my best health interest would be served if I obtain a medical evaluation by a licensed physician, preferably one who specializes in diseases of the ear, before purchasing a Hearing Device. I do not wish a medical evaluation before purchasing a Hearing Device.