

BUSINESS / CLINIC NAME  
 ADDRESS 1  
 ADDRESS 2

**HEARING INSTRUMENT PURCHASE AGREEMENT**

PHONE:

FAX:

Client Name: _____	Date of Birth: _____
Client Address: _____	Home Phone: _____
_____	Other Phone: _____

The hearing instrument(s) are:  New  Used  Reconditioned

EAR	MANUFACTURER	MODEL/STYLE	BATTERY SIZE	AMOUNT
L				\$ _____
R				\$ _____
Options: [describe]				\$ _____
Initial manufacturer warranty: [describe terms]				\$ _____
Additional Warranty: [describe terms]				\$ _____
Loss and Damage Protection: [describe terms]				\$ _____
Service Plan: [describe]				\$ _____
Trade-In Allowance: [describe trade-in]				\$ _____
Discount: [describe]				\$ _____
I have had an opportunity to read and review the Minnesota Department of Health Brochure titled "Legal Rights and Consumer Information about Purchasing a Hearing Instrument." Client initial: _____			<b>SUBTOTAL AMOUNT</b>	\$ _____
			<b>MN Care Tax (2.0%)</b>	\$ _____
			<b>TOTAL PURCHASE PRICE</b>	\$ _____
			<b>Deposit Amount</b>	\$ _____
			<b>Balance due on delivery</b>	\$ _____

**MINNESOTA STATE LAW GIVES THE BUYER THE RIGHT TO CANCEL THIS PURCHASE FOR ANY REASON AT ANY TIME PRIOR TO MIDNIGHT OF THE 45<sup>TH</sup> CALENDAR DAY AFTER RECEIPT OF THE HEARING AID(S). THIS CANCELLATION MUST BE IN WRITING AND MUST BE GIVEN OR MAILED TO THE AUDIOLOGIST OR CERTIFIED DISPENSER. IF THE BUYER DECIDES TO RETURN THE HEARING AID(S) WITHIN THIS 45-CALENDAR-DAY PERIOD, THE BUYER WILL RECEIVE A REFUND OF THE TOTAL PURCHASE PRICE OF THE AID(S) FROM WHICH THE AUDIOLOGIST OR CERTIFIED DISPENSER MAY RETAIN AS A CANCELLATION FEE NO MORE THAN \$250.**

\*If the hearing instrument must be repaired, remade, or adjusted during the 45-calendar-day money-back guarantee period, the running of the 45-calendar day period is suspended one day for each 24-hour period that the hearing aid is not in the buyer's possession.

**The undersigned agrees to the terms, conditions, services, cancellation provisions and price of the hearing instrument(s), accessories and services described above.**

_____ Client Signature	_____ Date
_____ Audiologist/Hearing Instrument Dispenser	_____ License/Certification #
	_____ Date

**Receipt For Home Solicitation Sales**

You, the buyer, may cancel this purchase agreement at any time prior to midnight of the third business day after the date of this purchase.

**NOTICE OF CANCELLATION**

If you do not want the good or services describe above, you may cancel your purchase by mailing or delivering a signed and dated copy of this cancellation notice or any other written notice, or send a telegram to \_\_\_\_\_ (Name of Seller) , at \_\_\_\_\_ (Address of Seller's Place of Business) not later then midnight of \_\_\_\_\_ (Date) . If you cancel, any payments made by you under the contract or sale, any property traded in, and any instrument executed by you will be returned within ten business days following the receipt by the seller of your cancellation notice, and any security interest arising out of the transaction will be canceled.

If you cancel, you must make available to the seller at your residence, in substantially as good condition as when received, any goods delivered to you under this contract or sale; or you may, if you wish, comply with the written instructions of the seller regarding the return shipment of the goods at the seller's expense and risk.

If the seller does not pick up the goods within 20 days of the date of your notice of cancellation, you may retain or dispose of them without any further obligation.

**I HEREBY CANCEL THIS TRANSACTION.**

\_\_\_\_\_  
Buyer's Signature

\_\_\_\_\_  
Date