



CUSTOM REPAIR FORM

Customer Name for IEMs: _____ Contact Name _____

Band/Group/Dealer (If Applicable): _____

Monitor Issues:

Billing Information

Please provide us with the following contact information so that we can get in touch with you

Phone: _____ Email: _____

Shipping Address*

Please state if this address is a residence or business.

Street

Address: _____ City: _____

State/Province: _____ Zip Code: _____

Country: _____

***NOTE:** ALL REPAIRS ARE SHIPPED BACK AS COMPLIMENTARY *UPS GROUND* SHIPPING with signature required

LET US KNOW IF YOU PREFER 2ND DAY AIR (+\$25) OR NEXT DAY AIR (+\$30)

Please Send Your Repair in with this document to the following address:

Ultimate Ears
Attn: Custom Repairs
3 Jenner - Suite 180 Irvine, CA 92618