

# SuperEar®

Personal Sound Amplifier

# ORDER FORM

FAX TO: (530) 272-4257

| QUANTITY | PRODUCT  | PRICE                  |
|----------|--|------------------------|
| _____    | SE5000 - SuperEar® Standard                          | \$64.95                |
| _____    | SE7500 - SuperEar® Plus                              | \$74.95                |
| _____    | SE9000HP - SuperEar® Rechargeable                    | \$104.95               |
| _____    | SE-HP - Replacement Headphones                       | \$15.95                |
| _____    | EPC100 - 50 pairs Disposable Sanitary Ear Pad Covers | \$22.00                |
| _____    | EPF200 - 10 pairs Replacement Foam Ear Pad Covers    | \$15.95                |
| _____    | SE-EB - SuperEar® Hook Style Earbuds                 | \$15.95                |
| _____    | SECABLE3M - SuperEar® Headphone Extension Cable      | \$12.95                |
|          |  | <b>Total:</b> \$ _____ |

## SHIPPING DETAILS

|                               |                              |                                |                                   |                           |
|-------------------------------|------------------------------|--------------------------------|-----------------------------------|---------------------------|
| <b>Apply to all purchases</b> | <b>1-9 ITEMS:</b><br>\$10.95 | <b>10-39 ITEMS:</b><br>\$18.95 | <b>40+ ITEMS:</b><br>Actual Price | <b>Shipping:</b> \$ _____ |
|-------------------------------|------------------------------|--------------------------------|-----------------------------------|---------------------------|

**Total Price:** \$ \_\_\_\_\_

Facility Name (if applicable): \_\_\_\_\_

Name: \_\_\_\_\_ Title/Position (if applicable): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Visa/MC/AE #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Check enclosed PO# (if applicable)\* \_\_\_\_\_ \*with approved credit application

E-mail: \_\_\_\_\_

Telephone: \_\_\_\_\_ FAX: \_\_\_\_\_

I am interested in the Hospital Direct Program, and would like more information.

Please Contact Me:  E-mail  Phone  FAX

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1-800-247-5548 | FAX 530-272-4257  
P.O. Box 539, Grass Valley, CA 95945