Amplified Resource Group, LLC
P.O. Box 1239 Lakeville, MN 55044
Main - (888)438-0384 Fax - (866)476-0861
info@amplifiedresourcegroup.com

Please download the form first so you are able to submit the application once completed. Thank you!

# BATTERY DIRECT APPLICATION

| BILLING INFORMATION (BILLING ADDRESS OF CREDIT CARD) | | | |
|---|---|---|---|
| **Name:** | | | |
| **Billing Address:** | | | |
| **City:** | | **State:** | **ZIP Code:** |
| **Home Phone:** | | **Cell Phone:** | |
| **Email Address:** | | | |

| SHIPPING ADDRESS | | | |
|---|---|---|---|
| ☐ **Same as Billing Address** | | | |
| **Name:** | | | |
| **Billing Address:** | | | |
| **City:** | | **State:** | **ZIP Code:** |
| **Home Phone:** | | **Cell Phone:** | |
| **Email Address:** | | | |

| CREDIT CARD INFORMATION | | | | | | |
|---|---|---|---|---|---|---|
| **Credit Card Type:** | ◉ **Mastercard** | ○ **Visa** | ○ **American Express** | ○ **Discover** | | |
| **Card Number:** | | **Exp. Date (mm/yy):** | | **Sec. Code:** | | |

| BATTERY INFORMATION | | | | | | |
|---|---|---|---|---|---|---|
| **Battery Size:** | ◉ **10AE** | ○ **13AE** | ○ **312AE** | ○ **675AE** | **Number Of Hearing Aids:** | |
| **Frequency of Delivery:** | ◉ **Once/year** | ○ **Twice/year** | ○ **4 times/year** | | | |
| **Hearing Aid Provider Name:** | | | | | | |

| SIGNATURE | |
|---|---|
| **I authorize Amplified Resource Group to bill my credit card at the time of delivery. I understand that I can cancel this membership at any time.** | |
| **Signature of applicant:** | **Date:** |

Email or fax this application to:
Amplified Resource Group
Email: info@amplifiedresourcegroup.com
Fax: (866)476-0861

**Submit**