



# CUSTOM PRODUCT ORDER FORM

Future Sonics will not warranty fit for custom products made from impressions not in accordance with the directions set forth in this document. A copy of a completed form must be included with each set of impressions.

Send completed form(s) & impressions to:

Future Sonics Inc. • 416 Green Lane Suite 2 • Bristol, PA 19007 • USA  
 +1-267-414-5741 • ClientServices@FutureSonics.com • www.FutureSonics.com

DATE: _____	FS ORDER NUMBER: _____
-------------	------------------------

CLIENT NAME: _____	NAME CLIENT WOULD LIKE ENGRAVED ON EAR MONITORS® CASE: _____
--------------------	--

**AUDIOLOGIST INFORMATION:**

Name of Audiologist \_\_\_\_\_

Name of Firm \_\_\_\_\_

Address \_\_\_\_\_

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

Country \_\_\_\_\_

Phone # \_\_\_\_\_

Email: \_\_\_\_\_

**IMPORTANT AUDIOLOGIST QUESTIONS FOR CLIENTS:**

Was your hearing tested at this visit? YES \_\_\_\_\_ NO \_\_\_\_\_

Do you have ringing in your ears? YES \_\_\_\_\_ NO \_\_\_\_\_

Are you sensitive to sound? YES \_\_\_\_\_ NO \_\_\_\_\_

Do you wear earplugs in noisy environments? YES \_\_\_\_\_ NO \_\_\_\_\_

AUDIOLOGIST NOTES: (Use back of form if necessary)

**BILL TO:**

Name \_\_\_\_\_

Company \_\_\_\_\_

Address 1 \_\_\_\_\_

Address 2 \_\_\_\_\_

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

Country \_\_\_\_\_

Phone # \_\_\_\_\_

Email \_\_\_\_\_

**SHIP TO:**  Same as bill to

Name \_\_\_\_\_

Company \_\_\_\_\_

Address1 \_\_\_\_\_

Address2 \_\_\_\_\_

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

Country \_\_\_\_\_

Phone # \_\_\_\_\_

Email \_\_\_\_\_

**PAYMENT CHOICES BASED ON BILLING ADDRESS - check one method to be taken by phone or secure documents**

VISA \_\_\_\_\_ MASTERCARD \_\_\_\_\_ AMERICAN EXPRESS \_\_\_\_\_ DISCOVER \_\_\_\_\_ PAYPAL \_\_\_\_\_ CHECK \_\_\_\_\_ OTHER \_\_\_\_\_

FUTURE SONICS WILL NOT PROCESS PAYMENT UNTIL YOUR CUSTOM PRODUCT ORDER IS COMPLETE. HOWEVER, WE WILL NOT BEGIN MANUFACTURING YOUR CUSTOM PRODUCT IF WE DO NOT RECIEVE PAYMENT INFORMATION. TO ENSURE YOUR ORDER IS NOT DELAYED.

**CUSTOM PRODUCTS REQUESTED**

Step 1 - Select Product or MG EAR MONITORS® Brand Model - New model information may be available at: [www.FutureSonics.com](http://www.FutureSonics.com)

RIEDEL RUN Headset FS Custom Sleeves Left  Right  \* AirPods Pro Sleeves Gen 2  or Gen 1  (L&R pairs only)  
 FS IFB Custom Skeleton Acrylic w/ Coil Tube Snap On Left  Right  \* G10 Softerwear™ Sleeves  (L&R pairs only)

**EAR MONITORS® Brand Models**

(13mm) MG6 HX™  (HELIX VENT)  
 (13mm) MG6 FX™  (FACEPLATE VENT)

(10mm) MG5 HX™  (HELIX)  
 (10mm) MG5 FX™  (FACEPLATE VENT)

**HX Vent**



(Maximum Isolation)

**EAR MONITORS® Brand Models only**

2nd Step - Select Standard Color or write in Special Order, i.e., Flake, Glitter, Line Art, etc.

Clear \_\_\_\_\_ Red \_\_\_\_\_ Pink \_\_\_\_\_ Orange \_\_\_\_\_ Brown \_\_\_\_\_

Smoke \_\_\_\_\_ Blue \_\_\_\_\_ Green \_\_\_\_\_ Purple \_\_\_\_\_

Blue L / Red R \_\_\_\_\_ Beige \_\_\_\_\_ Black \_\_\_\_\_ White \_\_\_\_\_

**FX Vent**



(Slight Ambience)

**Special Order:**