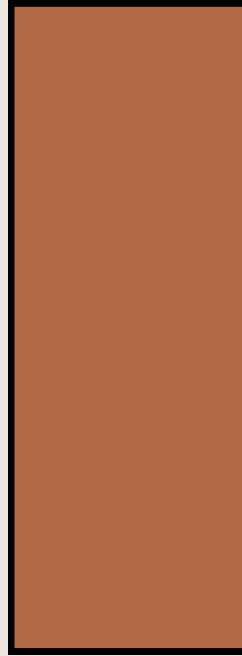
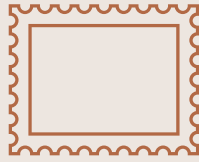


Dear Patient,

Battery Direct is a direct to-consumer program offered by one of our business partners, Amplified Resource Group (ARG). As a member of the **Battery Direct Club**, you will automatically receive hearing aid batteries shipped directly to your home. You decide how often you would like to receive a shipment – once, twice, or four times per year.

The **Battery Direct** program is a convenient, no hassle way for you to keep a supply of hearing aid batteries on hand at all times.

We hope that **Battery Direct** will be an extension of our services that will help to make your life a little easier. To register for **Battery Direct**, just fill out the enclosed application and send it via email or fax it to the address on the application.



Amplified Resource Group
P.O. Box 2997
Ponte Vedra Beach, FL 32004
Ph. (888)438-0384
Fax (866)476-0861
www.amplifiedresourcegroup.com

ARG

YOUR PRACTICE, YOUR CHOICE.

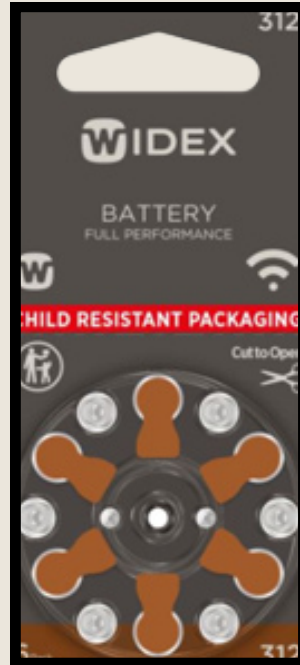
Battery Direct

Battery Club



ARG Battery Direct

Battery Club



Have Your Batteries Shipped Directly To Your Home!

- Receive mercury-free hearing aid batteries
- Choose to receive batteries once, twice or four times per year
 - Once/year = 120 batteries per shipment for \$78
 - Twice/year = 60 batteries per shipment for \$39
 - Four times/year = 30 batteries per shipment for \$19.50
- Batteries are automatically shipped directly to you so you don't have to remember to purchase batteries or have to go anywhere to pick them up
- Shipping is free of charge within the continental United States
- No need to remember battery size
- Defective batteries replaced at no charge
- No enrollment fees or contracts to sign - cancel your agreement at any time with no penalty
- Batteries are only \$.65 each!

BATTERY CLUB APPLICATION

CUSTOMER INFORMATION			
Name:			
Billing Address:			
Shipping Address:	<input type="checkbox"/> Same as billing address		
Phone:			
Email Address:			
Hearing Aid Provider:			
CREDIT CARD INFORMATION			
<input type="checkbox"/> Visa	<input type="checkbox"/> Master	<input type="checkbox"/> Amex	<input type="checkbox"/> Discover
Card #:			
Expiration (mm/yy):		Security Code:	
BATTERY SIZE			
<input type="checkbox"/> 10AE	<input type="checkbox"/> 13AE	<input type="checkbox"/> 312AE	<input type="checkbox"/> 675AE
DELIVERY FREQUENCY OPTION			
<input type="checkbox"/> once/yr	<input type="checkbox"/> twice/year	<input type="checkbox"/> 4 times/year	
SIGNATURE			
I authorize Amplified Resource Group to bill my credit card at the time of shipment. I understand that ARG is an independent company and is not affiliated with my hearing healthcare provider.			
Printed Name:			Date:
Signature:			

Mail, email or fax this application to:

Amplified Resource Group

P.O. Box 2997

Ponte Vedra Beach, FL 32004

Email: info@amplifiedresourcegroup.com

Fax: (866)476-0861