



Amplified Resource Group, LLC
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 Main - (888)438-0384 Fax - (866)476-0861
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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					
<input type="checkbox"/> Same as Billing Address					
Name:					
Billing Address:					
City:			State:	ZIP Code:	
Home Phone:		Cell Phone:			
Email Address:					
CREDIT CARD INFORMATION					
Credit Card Type:	<input type="checkbox"/> Mastercard	<input type="checkbox"/> Visa	<input type="checkbox"/> American Express	<input type="checkbox"/> Discover	
Card Number:			Exp. Date (mm/yy):		Sec. Code:
BATTERY INFORMATION					
Battery Size:	<input type="checkbox"/> 10AE	<input type="checkbox"/> 13AE	<input type="checkbox"/> 312AE	<input type="checkbox"/> 675AE	Number Of Hearing Aids:
Frequency of Delivery:	<input type="checkbox"/> Once/year		<input type="checkbox"/> Twice/year	<input type="checkbox"/> 4 times/year	
Requested Date Of First Shipment:					
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