

Warranty Repair Return Form - 2025

Product Return Information:		Reference / RMA No.:	
Sight Model:		Serial No.:	
Date of Purchase: <i>Include a copy of a dated purchase receipt</i>		Shipping Date: <i>Enter shipping date, the date you ship the sight to Aimpoint</i>	
Problem Description: <i>For best and quick service, please describe here the problem or fault as detailed as possible.</i>			

Product Sender Information:	Product Owner Information:
<input type="checkbox"/> <u>Return product to SENDER address</u>	<input type="checkbox"/> <u>Return product to OWNER address</u>
Company name: _____ Street address: _____ _____ Zip/postal code: _____ City: _____ Country: _____ Contact name: _____ Contact phone: _____ Contact Email: _____	Company name: _____ Street address: _____ _____ Zip/postal code: _____ City: _____ Country: _____ Contact name: _____ Contact phone: _____ Contact Email: _____

Service Cost Acceptance - if not covered by warranty
<input type="checkbox"/> Acceptance of Service Cost if not covered by warranty EUR 104 / SEK 1 003 / USD 135 NOTE: Any mandatory duties, VAT or similar taxes will be added to the service cost

SERVICE/WARRANTY ADDRESS: All warranty repair and service sights should be sent to:	When you return a sight, you must include:
AIMPOINT AB Att. Service/Warranty Reference / RMA No. Phone: +46 40 671 50 20 Jägershillgatan 15 Fax: +46 40 21 92 38 SE-213 75 MALMÖ, Sweden Email: service@aimpoint.com	<ol style="list-style-type: none"> 1. This form with required information 2. Reference / RMA No. 3. Copy of your dated purchase receipt 4. Return shipment address 5. Complete explanation of the problem