

WARRANTY/SERVICE RETURN FORM

Product Information:				
Sight Model:			Serial No.:	
Date of Purchase: Include a copy of a dated purchase receipt			Shipping Date: nter shipping date, the date u ship the sight to Aimpoint	
Problem Description:	For best and quick service, please describe here the problem or fault as detailed as possible.			
Product Sender Information:			Product Owner Information:	
Return warranty/service	ce product <u>to SENDER</u> add	dress: Ret	turn warranty/service pro	duct to OWNER address:
Company Name:			Owner Name:	
Street Address:			Street Address:	
Zip/Postal Code:		Zi	ip/Postal Code:	
City:			City:	
Country:			Country:	
Contact Name:			Contact Name:	
Contact Phone:			Contact Phone:	
Contact Email:			Contact Email:	
Samiles Cost Assemb	:6t	l h		
-	tance - if not covered		102 / SEK 020 / USD 121	
	mandatory duties, VAT o		dded to the service cost	
Product Return Shi	pping Information:			
All repair and guarantee	e sights should be address	When you return a sigh	t, you must include:	
AIMPOINT AB				equired information
Att. Service/Warranty	Phone: +40	6 40 671 50 20	2. Copy of your da	ted purchase receipt
Jägershillgatan 15	Fax: +40	6 40 21 92 38	3. Return shipmen	
SE-213 75 MALMÖ, Swe	eden Email: ser	vice@aimpoint.com	4. Complete expla	nation of the problem