Aimpoint.

Warranty Repair Return Form - 2025

Product Return	Information:	Reference, if applicable	2:			
Sight Model:		Serial Nc	.:			
Date of Purchase: Include a copy of a dated purchase receipt		Shipping Date Enter shipping date, the dat you ship the sight to Aimpoin	e			
Problem Description:	tion: For best and quick service, please describe here the problem or fault as detailed as possible.					
Product Sender Information:		Product Owner Information:				
Return product to SENDER address		Return product to OWNER address				
Company name:		Company name: Street address:				
City: Country: Contact name: Contact phone:		Zip/postal code: City: Country: Contact name: Contact phone: Contact Email:				

Service Cost Acceptance - if not covered by warranty

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. Jägershillgatan 15 SE-213 75 MALMÖ, Sweden	Phone: Fax: Email:	+46 40 671 50 20 +46 40 21 92 38 service@aimpoint.com	1. 2. 3. 4. 5.	This form with required information Reference if applicable Copy of your dated purchase receipt Return shipment address Complete explanation of the problem