

WARRANTY/SERVICE RETURN FORM

Product Information:			
Sight Model:		Serial No.:	
Date of Purchase: Include a copy of a dated purchase receipt		Shipping Date: Enter shipping date, the date you ship the sight to Aimpoint	
Problem Description: For	best and quick service, please describe	e here the problem or fault as detailed as possi	ble.
		Product Owner Information: Return warranty/service product to OWNER a	address:
Company Name:		Owner Name:	
Street Address:		Street Address:	
Zip/Postal Code:		Zip/Postal Code:	
City:		City:	
Country:		Country:	
Contact Name:		Contact Name:	
Contact Phone:		Contact Phone:	
Contact Email:		Contact Email:	
	ce - if not covered by warranty Cost if not covered by warranty EUR 8	88 / SEK 794 / USD 114	
	201		
Product Return Shippin	g Information:		
All repair and guarantee sights should be addressed to:		When you return a sight, you must inclu	de:
AIMPOINT AB		1. This form with required informa	tion
Att. Service/Warranty	Phone: +46 40 671 50 20	2. Copy of your dated purchase rec	eipt
ägershillgatan 15	Fax: +46 40 21 92 38	3. Return shipment address	
SE-213 75 MALMÖ, Sweden	Email: service@aimpoint.co	m 4. Complete explanation of the pro	blem