

WARRANTY/SERVICE RETURN FORM

Sight Model:	
Serial No.:	
Return Date:	
Sender: <ul style="list-style-type: none">- Company Name- Street address- Postal code/City- Country- Phone number- Email- Name of contact person	
End User: <ul style="list-style-type: none">- Name- Street address- Postal code/City- Country- Phone number- Email	
Problem Description: <p><i>For best and quick service, please describe here the problem or fault as detailed as possible</i></p> <p><i>Use reverse side if needed</i></p>	
<input type="checkbox"/> Acceptance of Service Cost if not covered by warranty EUR 85/SEK 770/USD 110	
Copy of receipt:	

Return Address:**AIMPOINT AB**

Service/Warranty

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SE-213 75 MALMÖ, Sweden

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