

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: <i>Please use reverse side if needed</i>	
<input type="checkbox"/> Acceptance of Service Cost if not covered by warranty EUR 83/SEK 747/USD 108	
Copy of receipt:	

Return Address:**AIMPOINT AB**

Service/Warranty

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SE-213 75 MALMÖ, Sweden

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Email service@aimpoint.com