

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>For best and quick service, please describe here the problem or fault as detailed as possible</i> <i>Use reverse side if needed</i>	
<input type="checkbox"/> Acceptance of Service Cost if not covered by warranty EUR 84/SEK 762/USD 109	
Copy of receipt:	

Return Address:

AIMPOINT AB

Service/Warranty

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