

Product Repair / Claim

Sender: Company / Name: _____ Street: _____ ZIP, City: _____ Country: _____ Phone.: _____ Fax: _____ Email: _____	Datum: _____ Customer #: _____ Product Owner's Name: _____ _____ Signature: _____
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Problem Description

Check the items that most closely describe your problem.

Product Type: Binocular Rifle scope Spotting Scope Night Vision

Name: _____ **Serial #:** _____

Housing / Product: <input type="checkbox"/> Rubber Armor <input type="checkbox"/> Leakage <input type="checkbox"/> Anodizing <input type="checkbox"/> Dented <input type="checkbox"/> Surface <input type="checkbox"/> Bent Other: <input type="checkbox"/> Torn _____	Objective: (<input type="checkbox"/> left / <input type="checkbox"/> right) <input type="checkbox"/> Lens <input type="checkbox"/> Defect <input type="checkbox"/> Tube <input type="checkbox"/> Scratched <input type="checkbox"/> Internal Dirt Other: _____	Eyepiece: (<input type="checkbox"/> left / <input type="checkbox"/> right) <input type="checkbox"/> Lens <input type="checkbox"/> Defect <input type="checkbox"/> Bridge <input type="checkbox"/> Scratched <input type="checkbox"/> Internal Dirt Other: _____	Prism / Inversion System: <input type="checkbox"/> Glass <input type="checkbox"/> Defect <input type="checkbox"/> Internal Dirt Other: _____
Focusing: <input type="checkbox"/> Movement <input type="checkbox"/> Overrun (slop) Other: _____	Diopter Adjustment: <input type="checkbox"/> Movement <input type="checkbox"/> Range Other: _____	Hinge <input type="checkbox"/> Movement <input type="checkbox"/> Too loose <input type="checkbox"/> Too tight Other: _____	Alignment <input type="checkbox"/> Double Image (Bino.) <input type="checkbox"/> Parallax (Riflescope) Other: _____
Reticle: <input type="checkbox"/> Internal Dirt <input type="checkbox"/> Damaged <input type="checkbox"/> Illumination defect Change to: _____	Elevation: <input type="checkbox"/> Movement Height <input type="checkbox"/> Movement Side <input type="checkbox"/> Accuracy Height <input type="checkbox"/> Accuracy Side <input type="checkbox"/> Change to BDC / Target Knob: Other: _____	Windage: <input type="checkbox"/> Movement <input type="checkbox"/> Adj. Ring <input type="checkbox"/> Marking Other: _____	Range Finder: <input type="checkbox"/> No function <input type="checkbox"/> Accuracy <input type="checkbox"/> Display Other: _____

Other Issues: _____

I agree to pay for possible repair charges up to the marked value without prior cost estimate:

\$ 100,- \$ 250,- \$ 500,- Value: _____