

## Repairs and Service Form

<b>Sender:</b>	
First and last name: _____	Date: _____
Street & house no.: _____	
Zip code, city / town: _____	Customer ID: _____
Province/ state, country: _____	Job number: _____
Tel. No.: _____	
Email: _____	Signature: _____

### Defective device

- |                                       |                                      |   |
|---------------------------------------|--------------------------------------|---|
| <input type="checkbox"/> Camera       | <input type="checkbox"/> Binoculars  | <input type="checkbox"/> Spotting Scope |
| <input type="checkbox"/> Night Vision | <input type="checkbox"/> Rifle scope | <input type="checkbox"/> Other          |

**Description:** \_\_\_\_\_ **Serial No.:** \_\_\_\_\_

- Enclosed is: proof of purchase / if applicable, copy of product-registration email
- Date of purchase: \_\_\_\_\_
- Please supply a repair cost estimate
- Please repair if costs do not exceed \_\_\_\_\_

### Description of problem

To enable an accurate and timely cost estimate, please supply a precise description.

<b>Housing:</b> <input type="checkbox"/> damaged <input type="checkbox"/> armoring / varnish <input type="checkbox"/> seal damaged <input type="checkbox"/> bent /dented	<b>Ocular:</b> <input type="checkbox"/> left <input type="checkbox"/> right <input type="checkbox"/> Lens <input type="checkbox"/> bent / dented <input type="checkbox"/> Eyecup <input type="checkbox"/> moves too easy <input type="checkbox"/> Diopter setting <input type="checkbox"/> moves too hard <input type="checkbox"/> lost	
<b>Objective:</b> <input type="checkbox"/> left <input type="checkbox"/> right <input type="checkbox"/> Coating <input type="checkbox"/> bent / dented <input type="checkbox"/> too loose <input type="checkbox"/> water damage <input type="checkbox"/> other	<b>Focussing</b> <input type="checkbox"/> too loose <input type="checkbox"/> too tight <input type="checkbox"/> not possible	<b>Bridge</b> <input type="checkbox"/> too loose <input type="checkbox"/> too tight <input type="checkbox"/> broken
<b>Image adjustment</b> <input type="checkbox"/> double image (binoculars) <input type="checkbox"/> parallax (rifle scope) <input type="checkbox"/> other	<b>Reticle</b> <input type="checkbox"/> unclean <input type="checkbox"/> not straight <input type="checkbox"/> lighting <input type="checkbox"/> defective	<b>Elevation / Windage</b> <input type="checkbox"/> elevation setting too loose <input type="checkbox"/> elevation inaccurate <input type="checkbox"/> windage setting too loose <input type="checkbox"/> windage inaccurate
<b>Night vision device</b> <input type="checkbox"/> defective <input type="checkbox"/> too dark <input type="checkbox"/> spotted image <input type="checkbox"/> focussing	<b>Other defects</b> <hr/> <hr/> <hr/>	