



## Return Authorization Request Form

Customer Name: \_\_\_\_\_

Dealer Name: \_\_\_\_\_

Order Number: \_\_\_\_\_ Optic Model: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zipcode: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Reason for Return (please be specific):

Are you requesting a:

- Repair or Replace
- Refund (refunds are only given on items purchased within 30 days of return)

Your return will only be accepted and processed if this form is included in the mailed package. We cannot track the item back to you and ensure your exchange or refund without this information. Thank you for your cooperation.

Mail your return back to us at:

ATIBAL SIGHTS, LLC.  
Box 102  
1959 S Power Rd. Ste. 103  
Mesa, AZ 85206

Email us at [info@atibalsights.com](mailto:info@atibalsights.com) with any questions.

Thank you!