



Return Authorization Request Form

Customer Name: _____

Dealer Name: _____

Order Number: _____

Home Address: _____

City: _____ State: _____ Zipcode: _____

Phone Number: _____ Email Address: _____

Reason for Return (please be specific):

Are you requesting a(n):

- 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 with any questions.

Thank you!