



**Mail your repair to:
 Maui Jim Sunglasses
 Attn: Repairs
 Box 6086
 164 06 Kista
 Sweden
 46 (0)8 594 828 80**

Sender Billing Information

Name: _____

Address: _____

City, State, Postal Code: _____

Phone number: _____ E-mail Address: _____

Sender Shipping Information: (if different than above)

Name: _____

Address: _____

City, State, Postal Code: _____

Sunglass Repair Section

Sunglass Style Number: _____

Date of Purchase: _____

Are your sunglasses prescription? (Please circle): Yes or No
**If your prescription lenses are damaged or need replaced, please contact your eye doctor or search for an authorized Maui Jim prescription retail location*

Description of Repair: _____

Additional Information:

- All repairs processed in the order they are received.
- All repairs will be charged a \$250 DKK (non-refundable) processing fee.
- If your sunglasses are covered under our 2-year warranty against manufacturer defects we will replace the part(s) at no charge.
- A repair technician will contact you for payment.

When sending your sunglasses in for repair, be sure to include:

- This completed repair form.
- Your proof of purchase. *If this is not available, please note when and where you purchased your sunglasses.*
- Please package your sunglasses securely and send using an insured and traceable carrier.

Maui Jim is not responsible for lost or damaged goods in transit.