



Mail your repair to:
Maui Jim Sun Optics PVT Ltd.
No. 1611 New No. 40
G SPACE Building
H Block 5th Street
12th Main Road
Anna Nagar Chennai - 600040
+91 44 42968899
sales.in@mauijim.com

Billing Address

Name: _____

Address: _____

City, State, Postal Code: _____

Phone number: _____ E-mail Address: _____

Shipping Address: (if different than above)

Name: _____

Address: _____

City, State, Postal Code: _____

Sunglass Repair Information

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: _____

All repairs are inspected for warranty coverage. 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 to review additional repair charges and collect payment prior to finalizing the repair as needed.

Please package your sunglasses securely, include this packing list, and send using an insured and traceable carrier. **Maui Jim is not responsible for lost or damaged goods in transit.**