



RMA

Attn: _____

RMA Number: _____

Sender's Address:

Ship to:

**Bematech
999 South Oyster Bay Rd.
Building 104
Bethpage, NY 11714**

Deliver to RMA Department

Box No. _____ of _____ PCS



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The above labels are provided for your convenience. Place one on each piece shipped to ensure proper delivery.
If more labels are needed, copies are acceptable