



RMA

Attn: _____

RMA Number: _____

Sender's Address:

Ship to:

Bematech
404 Sunport Ln
Suite 550
Orlando, FL 32809

Deliver to RMA Department

Box No. _____ of _____ PCS



RMA

Attn: _____

RMA Number: _____

Sender's Address:

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Bematech
404 Sunport Ln
Suite 550
Orlando, FL 32809

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Box No. _____ of _____ PCS

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