Print the label with the Return location address and staple it to the Bill of Lading.

Company Name:_____
FULL Return Address (City, State/Province, Zip code):
_____
_____
Contact Name:_____
Contact Phone Number:_____

Flextronics Corporation
1200 Innovation Avenue
Dock 29-32
Morrisville, NC 27560
Dock Appointments Required
(except for Express Shipments):
1 919 413-3227