

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 7, 8, 9  
Morrisville, NC 27560  
Dock Appointments Required  
(except for Express Shipments):  
1 919 413-3227**