



## ZEBRA Ht-146 RECALL REPLACEMENT FORM

For North America, Latin America and Asia/Pacific

**Instructions for completing this Form:**

1. Please complete all information for each Ht-146 printer to be replaced. Please use more than one form if necessary.
2. The model number of the Ht-146 is required to determine the correct replacement model.
3. A replacement printer will be shipped as soon as possible.
4. Please return the Ht-146 printer within 30 days after receipt of the replacement printer for U.S. returns and 90 days after receipt for international returns. A prepaid return label will be provided inside the carton of the replacement printer.
5. Zebra reserves the right to charge for the replacement printer if the Ht-146 is not returned within such timeframe.
6. Please fax or e-mail this completed Form for processing. U.S., Canada, Mexico and Latin America end users should fax to 847-913-2579 or e-mail to [vhcustserv@zebra.com](mailto:vhcustserv@zebra.com). Asia Pacific end users should fax to 65-6885.0837 or e-mail to [csasiapacific@zebra.com](mailto:csasiapacific@zebra.com).
7. If you have any questions about the replacement program, please contact the Zebra Customer Service Hot-line in the U.S. at 1-800-616-4292 (reference Service Bulletin #139), Monday through Friday, 8:00 AM – 5:00 PM CST or in Asia Pacific at 65-6858 0722 x826 between 8:00 AM – 5:00 PM, Singapore time.

|           |              |         |                     |
|-----------|--------------|---------|---------------------|
| Your Name | Company Name | Address | Telephone or e-mail |
|-----------|--------------|---------|---------------------|

| SERIAL NO. | MODEL NO. | PURCHASED FROM |
|------------|-----------|----------------|
|            |           |                |
|            |           |                |
|            |           |                |
|            |           |                |
|            |           |                |
|            |           |                |

| SHIP TO            |               | BILL TO |  |
|--------------------|---------------|---------|--|
| Contact Person     |               |         |  |
| Company / Location |               |         |  |
| Address 1          |               |         |  |
| Address 2          |               |         |  |
| City               | State         |         |  |
| Postal Code        | Country       |         |  |
| Attention          | Telephone No. |         |  |

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