PALO ALTO SPEEDOMETER, INC.
718 Emerson St Palo Alto, CA 94301-2410
Phone: (650) 323-0243 Fax: (650) 323-4632
info@paspeedo.com
www.paspeedo.com

General information: For most year/make/models, we only need the replacement cluster shipped to us for reprogramming. However, we ask that you **ALWAYS** send both the original and the replacement unit. There are some year/make/models that we **NEED** the original cluster as well as the replacement cluster in order to perform the reprogramming service. If you haveany questions about a specific year/make/model, please contact us to confirm whether we need both clusters or not. Pricing varies depending on the year/make/model.

Procedure for Non-Dealership (Private-Party) submitting instrument clusters for calibration to current mileage:

1. Send well-packaged instrument cluster to:

> **Palo Alto Speedometer 718 Emerson St. Palo Alto, CA 94301-2410**
> Ph.: (650) 323-0243

2. Please specify what type of return shipping service you desire; we use UPS (Ground, 3 Day Select, 2nd Day Air, Next Day Air). If you would like, you can place a pre-paid return shipping label, but know that you will be responsible for insuring the package appropriately, and you will need to handle any loss or damage shipping claims if they arise. We charge a handling fee of $2.50 if you are providing us with a pre-paid return shipping label.

3. Please include specific contact information with the name and phone number of the person at the dealership that we can contact directly with any questions.

Please call or email us with any questions you may have. Thank you for your interest in our services.

PALO ALTO SPEEDOMETER, INC.

<u>Non-Dealership Auto Shop, or the owner of the vehicle,</u> requesting this service, you **MUST** fill out our Odometer Agreement Form and include a copy of your (or your customer's) Driver's License. The Odometer Agreement Form can be found on our website at www.paspeedo.com.

User Input Below

Vehicle Information

Year:_____(Mandatory)

Make:_____(Mandatory)

Model:_____(Mandatory)

Part Number:_____(Mandatory)

VIN:_____(Mandatory)

Mileage to be Programmed:_____(Mandatory)

Please specify how you will be paying, i.e. Check, Cash, Credit Card:_____(Mandatory)

Customer Name:_____**(**Optional**)**

Email:_____ (Mandatory)

Phone Number:_____ (Mandatory)

Shipping Information
Shipping Address:_____(Mandatory)

Preferred Method of Return Shipping (i.e Ground, Next Day air, etc.) if you are providing a label insert N/A:_____(Mandatory)

Once completed print out and put in box.