

ODOMETER MILEAGE STATEMENT AFFIDAVIT
DIGITAL DASH SOLUTIONS, LLC
MON – FRI 9 AM – 5 PM EASTERN TIME
PHONE 1-860-583-0629 or 1-860-792-8011
FAX 1-860-383-8830 EMAIL info@fixmygauges.com
4 Ridge Rd, Putnam, CT 06260

I, _____, STATE THAT THE ODOMETER MILEAGE
ON THE VEHICLE DESCRIBED BELOW READS, _____ MILES / KILOMETERS (CIRCLE ONE)

CHECK ONE ONLY

_____ I hereby certify that to the best of my knowledge the odometer reading as stated above reflects the actual mileage
of the vehicle described below.

_____ I hereby certify that to the best of my knowledge the odometer reading as stated above is NOT the actual mileage
of the vehicle described below and should not be relied upon.

**DIGITAL DASH SOLUTIONS, LLC HAS ADVISED ME OF MY LEGAL OBLIGATION TO NOTIFY PROSPECTIVE
PURCHASERS THAT THIS VEHICLE'S MILEAGE HAS BEEN ALTERED. I HAVE ALSO BEEN ADVISED THAT
CHANGING MILEAGE FOR PERSONAL GAIN IS A SERIOUS OFFENSE FOR WHICH I MAY BE PROSECUTED.**

YEAR, MAKE & MODEL: _____

VIN NUMBER: _____ ENGINE HOURS: _____

MY REASON FOR ALTERATION IS

_____ THE ORIGINAL MILEAGE HAS BEEN CORRUPTED, MILEAGE CORRECTION IS NEEDED

_____ A REPLACEMENT CLUSTER IS TO BE INSTALLED COPYING THE ORIGINAL DATA IS REQUIRED

**DIGITAL DASH SOLUTIONS, LLC RESERVES THE RIGHT TO REFUSE ANY WORK AND WITHOUT
EXPLANATION. I/WE ACCEPT THE ABOVE TERMS AND CONDITIONS. I/WE ARE FULLY AWARE OF THE LEGAL
IMPLICATIONS IMPOSED. I FULLY AGREE THAT DIGITAL DASH SOLUTIONS AND ITS EMPLOYEES, OFFICERS,
AGENTS, REPRESENTATIVES SHALL BE HELD HARMLESS FROM ANY AND ALL CLAIMS, ACTIONS, CAUSE OF
ACTIONS, DEMANDS, RIGHTS, DAMAGES, AND ATTORNEY FEES RELATING TO OR ARISING OUT OF
DIGITAL DASH SOLUTIONS, LLC WORK ON THE ODOMETER.**

SIGN: _____ PRINT: _____ DATE: _____

SHIPPING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

1st Phone# _____ 2nd Phone# _____ EMAIL: _____

EBAY ITEM # _____

CREDIT CARD INFO CAN BE FILLED IN NOW OR GATHERED WHEN YOU CALL US.

_____ BANK, PERSONAL & BUSINESS CHECKS OR MONEY ORDERS ACCEPTED BY MAIL ORDER ONLY.

_____ CREDIT CARD (INCLUDING DEPOSIT) AMOUNT APPROVED \$ _____

CARD NUMBER: _____

NAME ON CARD: _____ EXP: _____ CVV: _____

BILLING ADDRESS: _____

**TO CONFIRM WE RECEIVED THIS FORM, PLEASE CALL US DURING BUSINESS
HOURS. NO ORDERS SHIP WITHOUT YOUR PHONE CALL TO US.**