

Etronicspal PDA Repair Form

All repairs must have this form filled out and attached to your package. Any packages without this form is refused or shipped back to you COD.

Customer Contact Information:

Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Phone: _____
Fax: _____
Email: _____

Package Information:

1. What is your Order Number? _____
2. Please state the problem with your device

By sending in my package, I've read and agreed with Etronicspal's company policies.
I also authorize Etronicspal technicians to work on my devices and erase any and all data
when needed.

Name (Print): _____
Signature: _____ Date: _____

Ship the package:

Please ensure the product is packed firmly and securely from all possible damages and
ship it to:

Etronicspal Repair Center
5067 Walnut Grove
San Gabriel, CA 91776