



APS Data Recovery Request Form

APS Computer & Network Solutions

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INSTRUCTIONS: Print the form, fill it out, sign, and include the original with the media/equipment you ship.

CONTACT INFORMATION

Company:

Telephone:

Address:

Fax:

Contact Names:

EMAIL ADDRESS:

CREDIT CARD INFORMATION: (I authorize APS to charge the below credit card for costs incurred during the data recovery process.). We accept Visa, MC, and Discover) No AMEX Cards

NUMBER:

EXP:

NAME ON CARD:

CCV:

3 digit code on the rear of the card

BILLING ADDRESS:

Price Quoted For Recovery:

Customer Care Representative You Spoke With:

Jim Diana Chris

To help us better serve you and our other customers please tell us how you found us:

Search Engine Used:

Term or Phase Used For Search:

INFORMATION ABOUT MEDIA FOR RECOVERY

What Type of Media: Hard Drive, CD, Jazz, Zip, Tape Other

Can we break the seals on the media if necessary?
 Yes (May Void Warranty of Drive) No

Operating System:

Win XP

File System If Known:

NTFS

Manufacturer:

Model:

Number of Volumes or Partitions On Media:

Serial #:

How Much Data Was on the Media?

Purchase Date of Media If Known:

What data is the most important for recovery? Folders, Directories, and Files. (exam. My Documents)

What media should be used to return your data?

(*Drives with over 2gb of data we REQUIRE recovering the data to another hard drive. You may either supply one or we can supply one to you at a reasonable cost.)

I wish to buy a hard drive.
(IDE 3.5" 60gb Drive)

CD ROM*

The formatted drive I have included

Other (specify):

Situation Of Failure

The reason of Failure or In-Accessibility:

What solutions if any have already been tried on the media:

Shipping Information

Shipping Company Used:

Way Bill # or Tracking Number So We Can Track It:

Terms and Conditions

1. Authorization

• The client authorizes APS, its employees, and agents, to receive and transport this media/equipment/data to, from and between their legally registered facilities. The client preauthorizes APS, its employees, and agents, to charge the credit card on page one for all data recovery charges. This may include the recovery itself, any additional media needed, any shipping charges and a minimum service fee of \$125.00 once a client chooses to allow APS to attempt data recovery. If successful this service fee will be subtracted from the total balance owed.

2. Legal Rights

• The client is the legal owner, representative, or otherwise have legitimate rights to the property and all data contained therein sent to APS.

• Any property left with APS unclaimed for 90 days, will be disposed.

3. Limited Liability

• APS shall not be liable for any claims regarding the physical functioning of equipment/media or the condition or existence of data on storage media supplied before, during or after service.

• APS is not liable for any direct or indirect damages, including loss of data, loss of revenue, incidental or consequential, before, during or after service.

4. Confidentiality

• APS and its officers and employees agree to absolute Non - Disclosure of any and all information or data files supplied with, stored on, or recovered from client equipment.

5. Payment

• Payment is due in full upon completion of successful recovery, prior to release of data (whether shipped, picked up or downloaded), unless by special previous arrangement. If we recover the data you are looking for you must pay the price quoted for the recovery.

• We accept VISA, Mastercard, Discover & Bank Drafts.

6. Media Warranty:

• APS gives warranty on all return media found to be Dead on Arrival (DOA) within 14 days of shipment. Any additional warranty claims must be presented to the original manufacturer. APS keeps all recovered data 14 days to insure against DOA instances.

7. Shipping:

• All shipping charges are the responsibility of the customer regardless if the data is recovered or not.

8. Data Guarantee:

• Your recovery comes with a data guarantee, such that if an accepted recovery is not as promised, APS will do everything possible to rectify the recovery or refund all or part of the recovery fees paid.

**Approved By (Print
Date**

Signature: X _____