

Web-site Shipping Form

Full Name: _____

Address: _____

Home Phone: _____

Work Phone: _____

Fax: _____

E-Mail: _____

**Did you complete and submit our ONLINE
Emergency Data Recovery - Estimate Request Form?**

YES _____ **NO** _____

*****If NO, please print, complete and send PAGE 2 along with this page*****

Credit Card Payment Information

**We are sorry, Personal Checks cannot be accepted as method of payment*

Circle One: VISA MASTERCARD AMEX DISCOVER

Card Number: _____

Expiration Date (MM/YY): ____ / ____ **Security Code** _____ (back of the card)

Card Holder's Name: _____ (Please Print)

Card Holders Address: _____ Please Print)

Signature of Card Holder: _____ **Date:** _____

By signing below, you authorize Techfusion to immediately proceed with Data Recovery and agree to pay the set-up fee, as well as the minimum Data Recovery charge after the data is recovered. After an initial evaluation of your drive and assessment of the extent needed to recover the data on your drive, a Techfusion customer service specialist will contact you for approval to proceed with the Data Recovery, only if the charge is greater than the minimum Data Recovery charge. Please note: Data Recovery does not include reconstruction of recovered files. Reconstruction of recovered files, Data Recovery, and data transfer are all separate services offered at Techfusion.

Signature: _____

Date: _____

In order to help us better assist you, please complete the following to the best of your ability:

Is your hard drive making any noise. If yes, is it Clicking, Grinding, or etc

Any attempt of data recovery. If yes, how many times _____

What level of service do you need?

- Emergency**
(Average 1-2 Business Days)
- Weekend**
(Average 3-5 Business Days)
- Preferred**
(Average 3-5 Business Days)
- Standard**
(Average 5-7 Business Days)

What is the type of drive?

- Workstation** (laptops, desktops)
- Server**
- RAID Server**
- NAS/SAN**
- Tape**
- Removable** (zips, flash, floppy)

How would you like your data returned to you?

- CD**
- DVD**
- Hard Drive**
- FTP**

How would you like your data shipped back to you?

- Next Day Air**
- Second Day**
- Ground**
- N/A or Other:** _____

Who is the manufacturer of your hard drive?

What is the size of your hard drive?

What is the format of your hard drive?

Partitions?

Compressed?

What files or directories do you consider a top priority in recovering?

Do you have any additional comments about the configuration of your hard drive?

Full Name as appears on PAGE 1:

How did you hear about us?
