

RECOVERY SUBMISSION FORM



Job # _____ if not available or pre-assigned, one will be assigned upon receipt at our recovery facility. Client will be contacted if there are outstanding questions or issues.

RAID ARRAYS, NAS, SNAP, SERVERS or OTHER media – PLEASE CALL FOR PRICING.

The client has read and agrees to all terms and conditions set forth herein regarding engaging Excalibur Data Recovery, Inc. for data recovery services or any related service Excalibur may provide.

COMPANY/CONTACT INFORMATION: Based upon the media submitted, your pricing starts @ \$ _____

COMPANY NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

Contact (Please Print): _____ Title: _____

Authorized Signature: _____ Date: _____

Telephone/cell: _____ fax #: _____ email: _____

MEDIA FOR SERVICE (if unsure, please contact a representative for assistance):

Circle Media : Hard Drive Thumb Card DVD Other: _____ # of pieces _____ Storage Capacity _____ GB/TB

Model # if available: _____ Serial Number: _____

Hard drive type is (circle): Desktop Laptop External Other _____

Is the device encrypted or password protected ... Yes/No? If Yes, please provide password/passphrase/key information:

_____ Would you prefer we call for this information: Yes/No

Please provide drive format (Windows/MAC/Linux/other): _____ version: _____

Number of partitions (how is this device configured): _____

Target data: _____

Brief description of problem experienced: _____

Please use the reverse of this form or attach/include a more detailed letter with this form if room is required.

SECURED CREDIT CARD INFORMATION () PERSONAL () CORPORATE CARD. Please check one (required).

CARD HOLDER NAME (as it appears on the card) _____

CARD TYPE: VISA ACCOUNT NUMBER: _____ \ _____ \ _____ \ _____ Exp Date (REQUIRED) : _____

_____ Security Code MASTERCARD ACCT NO: _____ \ _____ \ _____ \ _____ Exp Date (REQUIRED): _____
(3 digit on back of card)

(4 digit front of AMEX) AMERICAN EXPRESS NO: _____ Exp Date (REQUIRED): _____

DISCOVER NO: _____ Exp Date (REQUIRED): _____

SIGNATURE OF REGISTERED CARD HOLDER: _____

BILLING ADDRESS (IF DIFFERENT FROM THE ABOVE): _____

CITY: _____ STATE: _____ ZIP: _____

ISSUING BANK: _____ Telephone Number of Card Holder: _____

Purchase order number: _____ (must be approved - hard copy required for our files).

Excalibur SHIP TO address: 5 Manor Parkway, Suite A, Salem, NH 03079 603-458-5736 or 800-466-0893