



Bitphase IT Solutions, Inc.
 Data Recovery & Restoration
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RECOVERY SERVICES FORM



COMPLETE THIS FORM ON-LINE AND PRINT FROM YOUR BROWSER, or it can be printed as a blank form and completed manually. Package the media to be recovered securely, and enclose this form in the box. You can also fax it to us at the fax number listed above. We will contact you by email or phone upon receipt of your shipment. Thank you for selecting Bitphase Data Recovery Services.

CONTACT & SHIPMENT INFO

Contact: _____
 Company: _____
 Address: _____
 City: _____ Prov: _____ Pos: _____
 Country: _____
 E-Mail: _____

PHONE NUMBERS

Phone: _____
 Fax: _____
 Phone 2: _____
 Cell: _____
 Other: _____

STORAGE MEDIA TO BE RECOVERED

Media Manufacturer & Model: _____ Quantity: _____
 Computer / Device Make & Model: _____ Operating System: _____

Brief Description of the Problem *(use separate sheet if necessary)*: _____

What Recovery Efforts Have Been Made *(if any)*? _____

Critical Files Needed *(use separate sheet if necessary)*: _____

Return Data On (check box): CD-R DVD-R Internal HD External USB HD Other (specify in Notes below):

Additional Notes / Comments: _____

CREDIT CARD INFO

Authorized Signature: _____ Date: _____
 Credit Card Number: _____
 Name On Credit Card: _____ Expiration Date: _____
 Credit Card Billing Address (If Other Than Listed Above): _____