

Authorization/Agreement Form
Tri-State Data Recovery & Forensics, LLC
www.TriStateData.com

Call to schedule an appointment for drop off or ship using the address below:

Recommended shipper: UPS or FedEx. If using USPS please use priority mail with tracking information

Tri-State Data Recovery

Attn: Don Anderson

50 W Third Ave, Suite 210

Collegeville, PA 19426

OFFICE: (800) 798-0727

NAME _____ COMPANY NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

EMAIL _____

(Required)

Best Contact Phone# _____

REFERRED BY: _____

WORK ITEM: Manufacturer _____ Drive Capacity _____ GB or TB

S/N _____

My hard drive was dropped or banged. YES NO

Is the hard drive encrypted? YES NO

My hard drive was erased/reformatted. YES NO

Please attach bit locker key or enter password: _____

Was there a previous recovery or repair attempt? YES NO If YES, explain: _____

OPERATING SYSTEM

Mac OS X Windows Linux RAID (Specify RAID level _____) Time Machine Network Attached Storage Not Sure

If successful, the recovered data will be copied onto an external USB hard drive.

Would you like to purchase a new external hard drive to copy the data onto or are you providing one? YES NO (providing one)

Most Important Data needed / Comments

I agree to pay the diagnostic fee of \$79.50 per drive or \$106.00 per drive for RAID drives due upon receipt of the drive(s),

OFFICE USE: ESTIMATE: _____ LABOR + _____ PARTS _____

TERMS & CONDITIONS: I authorize Tri-State Data Recovery & Forensics, LLC to attempt to recover data from my defective hard drive. I understand a data recovery attempt could void warranty on my hard drive. All items left over 30 days become the property of Tri-State Data Recovery & Forensics, LLC and will be disposed of. Tri-State Data Recovery & Forensics, LLC is not responsible for a loss by a shipping company. I understand that my storage device may not be recoverable. Tri-State Data Recovery & Forensics, LLC will provide best efforts to recover all data. I hereby indemnify Tri-State Data Recovery & Forensics, LLC from any claim for damages or loss arising from or during the recovery process. If agreed upon Tri-State Data Recovery & Forensics, LLC will send my recovered data back on a fully tested and functional external hard drive. It is clients' responsibility to back up the data upon receipt. Tri-State Data Recovery & Forensics, LLC will only keep a copy of the clients' data for two weeks from completion date unless different arrangements have been made in writing. Tri-State Data Recovery & Forensics, LLC does not take responsibility for future data loss resulting from any failures of returned hard drives. I understand the original drive will be disposed of at the discretion of Tri-State Data Recovery & Forensics, LLC unless requested back in writing at the time the agreement is signed. Further, the owner of the defective hard drive agrees to indemnify Tri-State Data Recovery and Forensic, LLC against any claims and expenses related to data theft. I take full responsibility for this drive and its contents. I am the owner or authorized by the owner to proceed with this data recovery attempt.

Client Signature _____ Date _____