DOCTOR BYTE - Data Recovery
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O.S. _____

S/N: _____

Data Recovery Authorization Form

Company Name:

Address: District:

City/Estate: ZIP:

Phone: e-mail:

Person Name: ID:

How did you know Doctor Byte? ○ Magazine ○ Indication ○ Search Site ○ Already a Customer

Please specify exactly:

Technical Information (HD, CD, floppy, etc) - Click below:

○ IDE ○ SCSI ○ Notebook ○ CD ○ Floppy ○ RAID ○ Other:

Model: Size GB: Number of Partitions:

○ Fat16/32 ○ NTFS ○ MAC ○ Linux ○ Novell ○ Other Version:

What happened to HD/CD/floppy/etc? Use the back for details.

Main Folders, Sub-Folders and Files Names: Example: C:\My Documents\Money*.*

Main Files types (extensions): Example: *.doc, *.xls, *,dbf, *.mdb, *,jpg, *.mp3, ...

Have you tried any recovery process? How and where:

This HD can be opened for repairs if necessary? ◉ Yes ○ No

This HD should go to Canada if necessary? ○ Yes ◉ No

Work Option: ○ Urgency(24hs) ○ Priority(48hs) ◉ Standard(4 days) (**Average Time**)

Initial DIAGNOSIS Tax: Standard ~~US$ 50~~* **Priority** US$ 120 or **Urgency** US$ 200

It must be paid in advance and is charged even in negative cases.

I have read all Doctor Byte rules at their site, I agree and authorize the service

Arrival Date: Customer Signature: