



Information Delivery & Data Recovery Services, LLC.

ID-Dr.

Completion of this form is required for service.



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 Elmira Heights, NY 14903
 Phone: (607).733.2902
 Email: info@id-dr.com
 Web Site: www.id-dr.com

ID-Dr. Data Recovery Agreement and Information Form

Owner's Name: _____
 Date & Time: _____
 Street Address: _____
 Email: _____
 Preferred Method of contact: _____

Contact Name: _____
 City: _____ State: _____ Zip: _____
 Phone: _____

Type of equipment: |Laptop |Desktop |Thumbdrive |iDevice |SD Card | Camera Card |Smart Phone |SIM Card |USB External | SSD |

Type of Hard Drive: Hard Drive Only 2.5 |3.5 |SATA |IDE/PATA |USB

Type of Operating System: Mac: | Windows: | Linux:

Expedited Services: YES | No (note all expedites services are billed at an additional \$500.00. i.e. everything is dropped and placed in front of the line, all parts are overnighted, and all data transfer media included – fre delivery included within 20 miles..)

Description of media to be recovered: (please be as detailed as possible). Lack of detail could result in data not being recovered i.e., Photos, Music, or Documents or a 1:1 clone (sector by sector). _____

If necessary, we may have to open your drive which voids the manufacturer warranty – there is no guarantee that your data will be recovered – if we have to perform a “swap” (always performed in our ISO Category 5 **onsite** clean airflow workbench where we would do this procedure in) may we open the drive? **Yes:** **No:** (if “no”, customer will be contacted first if the procedure is required – a donor drive will have to be located).

Initial Here:	Notice: Customers are responsible for their own data. We take no responsibility for data loss. When possible, advanced imaging and other advanced Data Recovery methods and techniques will be attempted to the best of our ability with no guarantees.
Initial Here:	Data recovery is not 100% guaranteed. Based off the percentage of your data recovery success rate, we can recycle your source media for you at no extra cost if data recovery attempts are non-successful. <input type="checkbox"/> agree <input type="checkbox"/> disagree If you chose disagree, we will send back your source media "data recovery attempt". Note: Data recovery attempts can potentially destroy your media cases, hardware, and/or your data.
Initial Here:	In the event that a donor drive will be needed to do the data recovery, a donor drive will have to be purchased separately outside of the actual Data Recovery – these HDD's can range from \$28.00 - \$300 plus shipping. Please initial if you are OK and in agreement with this extra charge.
Initial Here:	ALL Data Recoveries have a non-refundable evaluation fee of \$50.00 paid upfront before any work is conducted on your recovery. NOTE: If the recovery is successful, we will credit the \$50.00 evaluation fee back to your final bill. Please initial this box if you are in agreement to this.
Initial Here:	After evaluation, we will contact and inform you of how long it will take to recover your media and the status of your recovery. Data transfer is a separate task that will add more processing time to your recovery depending on the size of data that was recovered and is being transferred – this does not change your pricing at all. We do large to small recoveries – all the same quoted price..
Initial Here:	Any items left over 60 days from the date of the invoice will be considered abandoned and sold to cover any expenses accrued by ID-DR. We will purge all client data after our complimentary 60 day storage time.
Initial Here:	All items opened (cases, USB External Drives, Laptops, and workstations, etc.) may void all manufacturers warranties – including hard drives as well.
Initial Here:	The evaluation period takes at least 7 business days from receipt of the recovery in the ID-Dr. lab. Once we have a diagnosis of your data recovery – you will be contacted by your preferred method of contact – for most recoveries we know within a few hours...

Customer Signature: _____
 (signature denotes approval to the terms of this agreement)
Receiving Employee: _____

Date: _____
 Date: _____