Information Delivery & Data Recovery Services Information Form

Completion of this form is required for service.

find us on Facebook

121 – 127 W. 14th Street,
Elmira Heights, NY 14903
Phone: (607).733.2902
Email: info@id-dr.com
Web Site: www.id-dr.com

ID-Dr. Credit Card Authorization Form

I, _____, authorize Information Delivery & Data Recovery Services, LLC to
Cardholder Name

charge $_____to my credit card. NOTE: The $50, non-refundable, evaluation fee will be deducted from final bill after the successful recovery has been made. No data recovery attempt will be made unless the Intake form is filled out completely and our evaluation fee of $50 is paid upfront.

The cardholder acknowledges receipt of goods and /or services in the amount of the total shown hereon and agrees to perform the obligations set forth in the cardholder's agreement with the issuer.

_____ _____
Cardholder's Signature Date

Credit Card Type (check box). ☐ **American Express** ☐ **Master Card** ☐ **Visa**

CC Num: _____ Exp. Date: _____

CVV/CVC (3 digit code): _____

Full Name: (as appears on the card): _____

Company Name (if applicable): _____

Mailing Address: _____
_____
_____

Phone: _____
Fax: _____

Office Use Only Authorization #: _____