



## Information Delivery & Data Recovery Services Information Form

*Completion of this form is required for service.*



11397 LPGA Dr. STE B  
NY 14830  
Phone: (607).654.7475  
Email: [info@id-dr.com](mailto:info@id-dr.com)  
Web Site: [www.id-dr.com](http://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 up front.

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 #: \_\_\_\_\_