



# My Hard Drive Died

## Network Installation Computer Services

www.MyHardDriveDied.com

www.NICServices.com

601b Industrial Court, Woodstock, GA 30189

Phone: 770-926-5588

### DATA RECOVERY AGREEMENT & CREDIT CARD AUTHORIZATION

Client provided destination/donor

Job/# \_\_\_\_\_

Today's Date: _____	Type of Equipment: _____
Company: _____	Phone: _____
Contact Name: _____	Email: _____
Address: _____	<input type="checkbox"/> Business or
Address 2: _____	<input type="checkbox"/> Residential
<input type="checkbox"/> This is the address for equipment return	
CITY	STATE/COUNTRY
POSTAL/ZIP CODE	

#### Please read and initial the following terms:

**INITIAL BELOW**

The data recovery process requires a non-refundable evaluation fee of \$50.00 which includes testing and evaluation to verify if data can be recovered. The evaluation period takes at least 7 business days from evaluation payment and receipt of the hard drive.

After evaluation, we will contact and inform you how long it is likely to take to recover your data and the status of your drive. Most recoveries take 2-4 hours of hands-on time but may take many more hours to copy the data.

All items opened (cases, laptops, workstations, etc.) may void all manufacturer warranties. All hard drives tested may void manufacturer warranties.

All applicable shipping fees for return of equipment will be charged unless a return label is provided.

Storage fees of \$120 per week apply after data recovery is complete.

I, \_\_\_\_\_, agree to and authorize My Hard Drive Died/NICS  
(cardholder name)

to charge the fee of \$50 x \_\_\_\_\_ (number of drives) for a total of \$\_\_\_\_\_ to my credit card.

Cardholder acknowledges receipt of goods and/or services in the amount of the total shown hereon and agrees to perform the obligation set forth in the Cardholder agreement with the Issuer.

\_\_\_\_\_  
CARDHOLDER SIGNATURE

\_\_\_\_\_  
DATE

Credit Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Credit Card Type:  American Express  MasterCard  Visa CVV Code: \_\_\_\_\_

Full Name (as it appears on the card): \_\_\_\_\_  Company Name as above appears on card

Billing Address (if different than above): \_\_\_\_\_ Street

This is a RESIDENTIAL  or BUSINESS  address. \_\_\_\_\_ City/State/Zip

This is the address for equipment return

OFFICE USE ONLY

AUTH. #: \_\_\_\_\_

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