



Office Use	Complete ALL sections of this form including signature at bottom of form		
DATABASE #	RECOVERY TEAM MEMBER THAT ASSISTED YOU - LEAVE BLANK IF NONE	LOCAL/INTERNATIONAL NUMBER (727) 449-0891	TOLL FREE NUMBER (US/CANADA) (866) 603-2195
	STEP 1 Contact Information		
	NAME		DAYTIME PHONE ()
	STREET ADDRESS		ALTERNATE PHONE ()
CHECK/MONEY ORDER #	CITY	STATE	ZIP
			EMAIL
STEP 2 Media Information - Answer ALL questions in this section			
HARD DRIVE MAKE/MODEL		CAPACITY/SIZE	
(1) HAS DRIVE BEEN OPENED OR PREVIOUS RECOVERY ATTEMPTED?: Yes ____ No ____ (2) OPERATING SYSTEM: WIN ____ MAC ____ (3) LIST MOST IMPORTANT DATA OR FILE TYPES TO BE RECOVERED: (4) HOW WAS DATA LOST OR DRIVE DAMAGED?: <i>(Additional info can be written on back of form)</i>			
STEP 3 Payment Information - Must have payment enclosed or credit card number on file for work to proceed			
A \$100 NON-REFUNDABLE ANALYSIS FEE IS REQUIRED (Applied to the recovery cost if successful) <input type="checkbox"/> Credit Card #: _____ Expires: _____ 3-4 Digit Card Code: _____ <input type="checkbox"/> Money Order <input type="checkbox"/> Cashiers Check (<i>NO personal checks accepted</i>)			
AMOUNT ENCLOSED	STEP 4A Ship To Information		Send media and enclose this form to:
	Please use hard drive approved packaging. Mark as "Electronic Media - Do Not Expose to Magnetic Fields." Use a shipping method that allows package to be tracked. Improper packaging will further damage drive in shipment.		LC Technology 29750 US Hwy 19 N, Suite 310 Clearwater, FL 33761 Attn: Hard Drive Recovery
ARCHIVE INVOICE #	STEP 4B Return Shipping Information		
	SHIPPING PREFERENCE IN ADDITION TO \$100 NON-REFUNDABLE ANALYSIS FEE <i>(Call for shipping rates to AK, HI, PR and International)</i> <input type="checkbox"/> Ground (<i>Continental US</i>) - Free <input type="checkbox"/> Standard Overnight (<i>USA Only</i>) - \$35 <input type="checkbox"/> 2-Day (<i>USA Only</i>) - \$25 <input type="checkbox"/> Priority Overnight (<i>USA Only</i>) - \$45		IF UNSUCCESSFUL RECOVERY <i>(Unreturned media will be safely destroyed)</i> <input type="checkbox"/> Return Media <input type="checkbox"/> Do Not Return Media
	STEP 5 Liability Waiver - Form must be Signed and Dated before work can begin		
ALTERNATE SHIPPING	I, _____, grant permission to LC Technology International, Inc. ("LCTI") to perform any action they deem necessary to attempt to recover my files and/or data. I understand that this procedure is a final attempt towards the recovery of data and could result in loss of part, or all, of the data stored thereon, and that LCTI makes no warranty or guarantee as to the success of its attempts. Furthermore, I release LCTI from any liability for any data loss, which may occur during, or as a result of, this procedure. I also release LCTI from any liability for any theft, damage or destruction to the media and any other hardware, or other media sent to LCTI in connection with this Waiver. ALL CLAIMS FOR LIABILITY AND/OR LOSS INCLUDING WITHOUT LIMITATION ANY INDIRECT, INCIDENTAL OR CONSEQUENTIAL DAMAGES, WHICH MAY OCCUR AS A RESULT OF ANY LCTI ACTION (OR INACTION) ARE HEREBY EXPRESSLY WAIVED. I also understand that, even if the data is successfully recovered, there is a possibility that individual files may still be inaccessible due to the type of damage originally sustained. In addition, I agree to pay the applicable fee for these services by LCTI, plus shipping and handling expenses as follows: LCTI will pay for return shipping through FedEx Ground. Expedited shipping, shipping through alternative carriers, shipping insurance, and other shipping related expenses are the undersigned's responsibility. I agree to accept the responsibility for shipping the media and any additional hardware to LCTI. LCTI will not be responsible for any damages and theft incurred during the shipping process and any loss or claim against such agents shall be solely by and on the behalf of the undersigned. I agree to all of the foregoing conditions.		
	SIGNATURE		DATE
Office Use			