

# Order Form for Data Recovery

Use an own order for each case. Fill out please completely and conscientiously.  
 The execution of the diagnosis takes place at the prices in accordance with our current price list.  
 With the distribution of this order you recognize our General Business Conditions.



**1. Partner data:** (If a different address is used for receiving the invoice please inform us on a separate sheet)

|                                  |                |
|----------------------------------|----------------|
| Correct name or companies' name: | CEO:           |
| Address: Street:                 | Zipcode: City: |
| Contact person:                  | Phone: Fax:    |
| E-mail:                          |                |
| Pick up: (day and time)          |                |

**2. Technical Data:** (if more than 2 data storages please use an additional sheet )

|                    |        |       |
|--------------------|--------|-------|
| Medium:            | Model: | S/N.: |
| Controller (RAID): | Model: | S/N.: |

**3. Operating system:**

|   |
|---|
| <input type="checkbox"/> DOS (FAT) <input type="checkbox"/> NOVELL <input type="checkbox"/> OS2 (HPFS) <input type="checkbox"/> NT (NTFS) <input type="checkbox"/> UNIX <input type="checkbox"/> Apple / MAC <input type="checkbox"/> SUN <input type="checkbox"/> Others |
| Version Operating System:   |
| Long file names: <input type="checkbox"/> No <input type="checkbox"/> Yes                   I Compressed: <input type="checkbox"/> Yes, from                   I Encrypted: <input type="checkbox"/> Yes, _____ Bit   |

**4. Data organisation:**

|   |
|---|
| Volume – number (Partitions) storage 1: |
|---|

**5. In case of Server/Host-System – the operating system on the workstations is:**

|  |
|--|
| <input type="checkbox"/> DOS (FAT) <input type="checkbox"/> NOVELL <input type="checkbox"/> OS2 (HPFS) <input type="checkbox"/> NT (NTFS) <input type="checkbox"/> UNIX <input type="checkbox"/> Apple / MAC <input type="checkbox"/> SUN <input type="checkbox"/> others: |
|--|

**6. Directories, sub-directories and files to be recovered:**

|  |
|--|
|  |
|  |
|  |

**7. Additional information\* (error phenomena)**

(\* Please use additional sheet if necessary!

|  |
|--|
|  |
|  |
|  |

**8. Customer's original media:**

**Additional remarks:**

|  |                              |       |
|--|------------------------------|-------|
| Can be opened in a clean room?<br>(can have affect to manufacturer's warranty) | <input type="checkbox"/> Yes | _____ |
| To be repaired, if possible?   | <input type="checkbox"/> Yes |       |
| Original media resent to the customer?   | <input type="checkbox"/> Yes |       |

**9. Media for recovered data?**

DVD (till max. 12GB)  
 Ext. HDD <>  
 provided by customer

**10. Service Analysis?**

1-2 working days  
 3 working days  
 6 working days

(After receiving of the media) Based on the service level you have chosen, you will receive a qualified analysis report as well as a binding offer. The final data recovery we only can make after your signed purchase order which will be sent to you together with our analysis report.

Place, Date

Signature

**Important notes:**

|  |
|--|
| 1. Please, send the controller and the cable together with the media, if they are of special (rare) type. In case of removable media (SYQUEST, BERNOULLI, optical, etc.), please, send the drive together with the media. Opening the drive can have an effect on its manufacturer's warranty. Original media can be refurbished (if requested) not earlier than 14 days after successful data recovery.<br>2. Please inform truth information about the case! Otherwise we can not take responsibility for careful handling.<br>3. Please send this form in advance via fax to prepare your case. The signed original please pack it together with the drive. |
|--|

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Please tranmit this form to FAX: +49 (0) 234 – 923 3128