



Internal Use Only: \_\_\_\_\_  
Reception Date: \_\_\_/\_\_\_/\_\_\_.  
Reception Time: \_\_\_\_:\_\_\_\_. AM PM  
JOB #: \_\_\_\_\_ Received by: \_\_\_\_\_

**DATA RECOVERY SERVICE REQUEST**

Will the Data recovered be used for any form of court proceeding?  Yes  No

How did you hear about us? \_\_\_\_\_

Full Name: \_\_\_\_\_ Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ e-Mail: \_\_\_\_\_

**Alternate Contact:** Full Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**Media Type:** \_\_\_\_\_ **Media Brand:** \_\_\_\_\_ **Media Capacity:** \_\_\_\_\_

**Operating System:**  Windows \_\_\_,  MAC \_\_\_,  UNIX \_\_\_,  Linux \_\_\_

How did it happen? \_\_\_\_\_

What have you done to recover your data? \_\_\_\_\_

**What kind of data do you need to recover?** (Circle type of data that your are looking for)

Pictures – Videos – Music - e-Mail – Documents – Presentations – Databases - Accounting

Critical File Types: \_\_\_\_\_

**Terms and Conditions**

Customer engages Ximatic llc to inspect and identify problems with respect to customer's digital media: and to remedy or retrieve customer's information. Customer will not hold Ximatic llc liable for any damage whatsoever, including without limitation damages for loss data, loss of business profits, business interruptions, or other pecuniary loss, or incidental, consequential, or indirect damages arising from this engagement. Customer also acknowledges that estimated charges may not be sufficient to accomplish the engagement; no additional work will be performed without expressed customer authorization. Customer understand that Ximatic llc will disclose to the appropriate authorities any information or data which is in violation of state or federal child pornography laws/statues as well as any information or data which implies a plan to harm third parties. Further, customer waives any confidentiality and hold Ximatic llc harmless for disclosure of said forth information to relevant authorities. Except for the before mentioned information Ximatic llc will hold customer information in the highest confidentiality.

Print Authorizing Name: \_\_\_\_\_

Authorizing Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**By signing, authorizing signature agrees to the terms and conditions set forth above.**