



586 County Road 8, P.O. Box 6109, Picton, ON K0K 2T0

www.komputech.net recovery@komputech.com Tel:(888) 566-7883 Fax:(613) 476-3481

Komputech Data Recovery Service Agreement

Name / Company: _____ *Email: _____

Contact Person: _____ Hardware Shipped: _____

Address: _____ Prov/State: _____ PC/ZIP: _____

_____ Tel: _____ Fax: _____

Initialing each item below confirms your approval of that item.(Please read carefully)

INITIAL _____ Our data recovery methodology requires a non-refundable examination fee of \$50. This includes a testing report and evaluation to verify that data can be recovered. The examination fee is deducted from the total cost if the data is recoverable. The examination time frame is a **minimum of 7 business days** starting from the time the hard drive has been received with your examination payment.

INITIAL _____ When the examination is complete we will contact you and give you a report on the status of your drive and the time frame for data recovery. Many drives can take quite a few hours and/or days to transfer intact data if they are in poor condition. Our flat rate charge remains the same for each drive regardless.

INITIAL _____ When we examine your equipment (laptop(s), cases, workstations, desktop, servers, etc) opening these items may void any or all of your manufacturers' warranties. Hard disk examination may void warranty. You can provide us with a hard drive to place the transferred data upon recovery or one can be purchased from us. Note that any new drive(s) or parts thereof are at an extra charge. If you would wish to have your

INITIAL _____ data recovery placed on DVD's (smaller data quantities only) we charge \$25/ 4.5GB as quality assurance and handling / labor are included. Data / equipment storage fees of \$120 per month apply after an initial grace period of 15 days following service completion, depending on equipment received.

INITIAL _____ In the event of a dispute with Komputech Computer Inc., the purchaser agrees that this contractual agreement will be under the jurisdiction of the Ontario Provincial Court, Picton, Ontario CANADA.

SIGNATORY – My approval of the terms of this agreement. _____ **Date:** __/ __/ ____.



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Payment Authorization

I, _____, hereby authorize Komputech Inc. to charge \$ _____

Name of cardholder

Amount

to my credit card provided below.

The credit card holder hereby acknowledges receipt of services and/or goods totaling the amount shown above and will meet the obligations of the cardholders credit card agreement with the credit card issuer.

_____ **Date:** ____/____/____.

Cardholder Signature

Credit Card Information (Select one) **Visa** [] **MasterCard** []

Card Number: _____ **Expiration:** _____

Cardholder Name (as shown on card): _____

Company (if applicable): _____

Address for mailing (Credit card statement billing address):

Tel: _____ Fax: _____

Email: _____ Our Internal Office Verification # _____