## E-man Data Recovery

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Please complete the following form to the best of your knowledge. If you have any questions or need assistance of any kind, please don't hesitate to ask.

Client Information		
Name		
Company		
Address		Suite
City	State	Zip
Phone 1	Phone 2	
E-mail	Fax	
Referred by		
Drive Information  How many drives total Bare In machine Operating System (Please circle appropriate OS DOS Win3x Win9x NT4.0 Will UNIX Type MAC OS Version Other Failure Summary (please describe briefly what I	5) in98 Win2000	nany partitions WinXP Vista
Files/Folders Needed (We need to know exactly will not work. Please be very specific)  Recovery Media - If recoverable, I would like to CDROM Comparable Drive DV  Special Notes	o have my data copi	ed to:
Signature	Date	