



## **HDDSYNC Shipping Form for testing offer**

**Company:** \_\_\_\_\_

**Full Name:** \_\_\_\_\_

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

\_\_\_\_\_

**Work Phone:** \_\_\_\_\_

**Fax:** \_\_\_\_\_

**E-Mail:** \_\_\_\_\_

In order to help us better assist you, please complete the following to the best of your ability:

**Diagnosis :**

**what level of service do you need?**

- Failed disk not sent back : no charge**  
(Average 7 Business Days, 5 in France)
- Failed disk sent back : 30 € (42 \$)**  
(for reassembly and transport fees, Average 7 Business Days, 5 in France)

**Please describe any data recovery attempt already engaged (if any) on your hard drive?**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**What caused the failure of your hard drive (fall, fatigue...)?**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please return this form along with your HD to  
Recoveo – 28 Levée du Renaison – 42300 ROANNE - FRANCE**

**What files or directories  
do you consider a top  
priority in recovering?**

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*Critical information : if missing, the data recovery process may not be satisfactory in terms of results*

**Do you have any additional  
comments about the configuration  
of your hard drive?**

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**Your operating system ?**

- Windows
- Linux
- Mac
- Unix
- Netware
- Other
- None

**How would you like  
your data returned to you?**

- CD
- DVD
- Hard Drive
- FTP

By signing below, you authorize Recoveo to immediately proceed with Data Recovery using HDDSYNC and agree to pay the set-up fee, as well as the minimum Data Recovery charge after the data is recovered. After an initial evaluation of your drive and assessment of the extent needed to recover the data on your drive, a RECOVEREO customer service specialist will contact you for approval to proceed with the Data Recovery.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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