

Use this form to submit 5 ¼ and 3 ½ floppy disk media

To submit CD Media and Camera Memory, use the Media Submission Form found [here](#).

To submit a old style 5.25" and 3.5" floppy disks for Disk Copy Service, follow the steps below:

1. Print out this form.
2. Fill out this form completely. Incomplete forms will result in delays in your data recovery.
3. Enclose this completed form, your Disks, the correct fee and ship or mail to our address.

5.25 Disk Copy and 3 1/2 Disc Copy Fees - PC Formatted Media Only			
Item	Processing Fee	Quantity Enclosed	Total \$
1-10 Floppy Disks	\$15.00 / each *		
11-25 Floppy Disks	\$14.00 / each		
25+ Floppy Disks	\$10.00 / each		
Minimum \$50 charge on all Disk Copy jobs (not including any CD or shipping charges)	*****		\$50.00
Return Shipment Fee	\$15.00 ** (1-10 disks)		
CD Rom Fee, per CD	\$25.00		
Total \$ Enclosed (USD) *****			

** Note that larger quantities of disks (over 10) will incur a higher shipping fee. Shipping insurance is not included.

If you have any questions, you can email us at recovery@datarecoverymasters.com or call us at (562) 421-7105.

SHIP ALL MEDIA TO:
 Data Recovery Masters - CTE Computer
 3818 Canehill
 Long Beach, CA 90808
 USA

Form Continues on Next page

INSTRUCTIONS: Print and fill out the form, sign, and include with the media/equipment and payment.

Your Contact Information	
Company / Organization	Contact:
Address	Telephone
	Fax
Email	Cell/Pager
How did you hear of us? _____ Web Search (which one?) _____ Computer Store (name) _____ _____ Friend _____ Returning Client _____ Other: _____ _____	

Damaged Data / Media Information	
Media Type: _____ 5.25 Floppy, _____ 3.5 Floppy, _____ Other (specify)	Total Number Enclosed
Return data to me using this method _____ Email Zip Files using address provided above _____ Ship on CD Rom (CD Rom and Shipping fee enclosed **)	

Payment Information		
Enclose the Minimum Diagnostic Fee. If you are requesting Priority Service, enclose an additional \$125. This fee can be applied towards the actual data recovery cost and is not refundable. Payment in the form of Check, Credit Card, Money Order, Cashiers Check, Cash is accepted. Note that personal checks will delay your data recovery while the bank clears your check.		
Payment Type _____ Visa _____ MasterCard _____ Check	Card Holders Name	
Credit Card Number	Card Holders Billing Address	
Expiration Date	Security code (CVV)	Card Holders Billing City, State, Zip
I acknowledge that the disks submitted are PC formatted and the data integrity is 100%. I understand that the minimum fee on Disk Copy jobs is \$50 regardless of outcome and agree to the payment terms in the Credit Card Holders Agreement. Cardholder Signature: _____ Card Holder Signature _____ Date _____		
NOTE: On all credit card payments, returned media will be shipped to the exact address as listed on the credit card account. Shipping to a different address is not possible. Shipping insurance is not included. On check payments: The check must be numbered, imprinted with your name and address, signed, and made out to Data Recovery Masters - CTE Computer. There is a \$49 charge for any check returned by the bank unpaid. Please note there will be a delay in the processing of your Disk Copy job, up to seven business days, while the bank clears your check payment.		
Form Continues on Next page		

Authorization To Process Media - Waiver Of Liability

I, _____, grant permission to CTE Computer ("CTE") to perform any action they deem necessary to attempt to complete my data job. I understand that this procedure is a final attempt towards the recovery of data from disks I cannot access and could result in loss of part, or all, of the data stored thereon and that CTE makes no warranty or guarantee as to the success of its attempts. Furthermore, I release CTE from any liability for any data loss which may occur during, or as a result of, this procedure. I also release CTE from any liability for any theft, loss, damage or destruction to the drive and any other hardware, diskettes, or other media sent to CTE in connection with this Waiver.

ALL CLAIMS FOR LIABILITY AND/OR LOSS INCLUDING WITHOUT LIMITATION ANY INDIRECT, INCIDENTAL OR CONSEQUENTIAL DAMAGES WHICH MAY OCCUR AS A RESULT OF ANY CTE ACTION (OR INACTION) ARE HEREBY EXPRESSLY WAIVED.

I also understand that, even if the data is successfully recovered, there is a possibility that individual files and directories on the disk may still be inaccessible due to wear and tear of the older media. Due to the nature of data and old style floppy media, no guarantee is given that Media submitted will be recoverable or readable. I agree to pay the applicable fee for these services by CTE.

Disks submitted to CTE will be destroyed after the data copy process is finished. Disks are not returned to the customer unless prior written arrangements are made. Data left with CTE for over 30 days becomes the property of CTE Computer.

The Customer agrees that the total liability of CTE or its contractors or suppliers to the Customer shall in no event exceed the total sums paid by the Customer to CTE.

I agree to accept the responsibility for shipping the system or hard drive or media to CTE. CTE will not be responsible for any damages, loss, or theft incurred during the shipping process and any loss or claim against such agents shall be solely by and on the behalf of the undersigned.

Declaration of ownership and authority

I am the legal owner of the hardware described below and/or am the duly authorized representative of the Company listed above. My signature will attest to the fact that I am the legal owner, or an officer of the above named company, or am empowered by its governing body, to act in its behalf for matters relating to the attached Agreement in regard to the property identified above.

If making all or any portion of balance due payable by credit card, I agree to the terms in the Credit Card Holders Agreement. I acknowledge that the disks submitted are PC formatted and the data integrity is 100%. I understand that the minimum fee on Disk Copy jobs is \$50 r

Approved By Client (Print) _____ Title _____

Signature _____ Date _____

Fill out and enclose this entire form. Submit with your Media and Payment.

**If you have any questions filling out this form,
speak to one of our data recovery experts at (562) 421-7105.**