

Data Recovery, inc

98 Forest Ave, Oradell, NJ 07649

Job # _____ Date: _____

CUSTOMER INFORMATION:

Name: _____ Company: _____

Tel: _____ Fax: _____

Shipping Options: Overnight 2 Day Ground Acct # _____

CREDIT CARD AUTHORIZATION FORM - all information below must be filled out!

Please Indicate: Master Card Visa Discover Amex

Account Number: _____

Expiration (MM/YY): _____ Security Code: _____
(3 digit code on back of VISA/MC or 4 digit code on front of AMEX cards)

I, _____, cardholder for the account entered below, authorize Data Recovery, Inc to charge my account pursuant to the terms and conditions of the purchase agreement or for up to the following US Dollar amount: \$ _____ + shipping charges.

Cardholder Billing Address: _____

City: _____ ST _____ ZIP _____

Authorized Signature of Cardholder: _____

FOR USE BY Data Recovery, Inc. ONLY! VERIFICATION on amounts above \$500;

Does the security code verify ? _____ Issuing Banks Phone # _____

Does name and address verify ? _____ Initials of Verifier: _____

98 Forest Ave, Oradell, NJ 07649
PHONE: (201) 261-2312 FAX: (201) 261-2355

Confidential