

E-man Data Recovery
Credit Card Payment Authorization Form
Data recovery agreement

402 Maple Avenue , Snohomish WA 98290
Phone: (360) 243-7748 Fax: (360) 243-7748 Cell: (425) 327-5928

Please complete the following form. 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	
Credit Card #	Visa/Master	
Expiration date		
V code on the back of the card :		

I authorize E-man Data Recovery to proceed with the data recovery process knowing that if the data recovery procedure is successful I will be charged the sum of \$

Signature _____ Date _____

If you are not comfortable sending credit card information through email
Please use our fax # 360-282-2687

E-MAN
425 347 3732