

AUSTRALIAN DATA RECOVERY

Head Office

Suite 11A, 10-12 Woodville St
Hurstville NSW 2220

Secondary Collections

U13,50-52 Solander Street
Monterey NSW 2217

ACN 122 819 087

Telephone: 02 9588 9853
A/H Mobile: 0422 338 015

Email: info@australiandatarecovery.com.au

Company:

Contact:

Address:

Ph/Fax:

Email:

Details:

Make:

Model:

Serial Number:

Operating System:

Details of Damage:

Most Important Files:

What attempts have been made to recover your data?

Please answer this truthfully – it may increase our chances of recovery!
Any other details leading up to the data loss?



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Liability Waiver

I confirm that I am the owner of the drive/media or agent of said owner and have permission to authorise the copying of the data from one drive/media to another or any other process deemed necessary by AUSTRALIAN DATA RECOVERY.

I authorise AUSTRALIAN DATA Recovery to ship my drive/media, if they deem it necessary. I confirm that the drive/media as supplied is not fully working and will not hold AUSTRALIAN DATA Recovery or its agents liable for any damage or loss of data caused to the drive/media or any other hardware supplied by me, before or subsequent to any work carried out upon the drive/media.

I, the undersigned requester, understand and accept all risks associated with having AUSTRALIAN DATA RECOVERY attempt to recover data from my media at my request. I understand that even with the exercise of due care by technicians, in order for the data to be recovered, the process itself may result in damage, to include, but not limited to, the media itself or the data on it.

In consideration of AUSTRALIAN DATA RECOVERY recovering or attempting to recover the data on this media, I voluntarily assume all risk of loss and/or damage to the media and agree to indemnify, hold harmless, and defend AUSTRALIAN DATA RECOVERY or its employees, and any third parties from any and all claims, demands and causes of action whatsoever in law, equity, before any administrative agency or judicial tribunal arising from the aforesaid rendering of services.

Date:

Name:
(please print)

Signature: