



DATA RECOVERY

Cherry Systems
Client Information Form

JOB#

Date:	Name:
Company (if a company drive or if company is paying):	
Billing Street Address:	
Billing City, State, Zip:	
Cell #:	Work #:
Email Address:	
How did you hear about us? (Please add the name of the company who referred you) _____ Google _____ Previous Customer I.T. Department: _____ Computer Repair Shop: _____	
Operating System used (this will tell us how to format your download drive): Windows/PC OR Apple/MAC	
Which Files/Folders are most important to you? (We will pull all data possible. Where is your important data located? What are the files/folders called? Are there dates that are most important? No detail is too small to help us know where your data is stored.) <input type="checkbox"/> Audio Files/Music Important Dates: _____ <input type="checkbox"/> Photos Certain File/Folder Names: _____ <input type="checkbox"/> Videos <input type="checkbox"/> Desktop Files <input type="checkbox"/> Emails <input type="checkbox"/> Financial Data <input type="checkbox"/> Documents	
Symptoms / Description of Problem (clicking, drive not recognized, dropped, won't boot, error message, etc.) 	
Is there a password on your device? Maybe a login password or if the device encrypted. <i>Please remember case sensitivity.</i>	
How full is your drive? How much data in total is there? (best guess)	

Please continue to complete the back side.



DATA RECOVERY

I, _____ **PRINT NAME**, release my device to Cherry Systems Solutions, Inc., d/b/a Cherry Systems Data Recovery for an evaluation and for the data recovery process. I accept that my device might be in a non-returnable condition after my evaluation.

_____ **Initials**

Once I choose to leave my device with Cherry Systems for evaluation, I know my device might be recycled with Cherry Systems whether I approve the data recovery process, decline the data recovery process or if my job is a "no recovery." Cherry Systems is not responsible for how your device is returned back to you.

_____ **Initials**

WILL RECYCLE

I also hereby understand if my device is left at Cherry Systems office for 30 days after the date of drop off, Cherry Systems has the right to recycle my drive in-house. After the drive is recycled, it will no longer be available for pick up.

_____ **Initials**

YOUR PRIVACY

Cherry Systems also understands the importance of your privacy and will follow the Privacy Policy on our website. Please read our Privacy Policy on our website for more information and let us know if you have any questions.

_____ **Initials**

I have read, understand, and approve this Release Form.

SIGNATURE

DATE

PRINT NAME

DATE

STOP HERE!

BELOW IS FOR CHERRY SYSTEMS EMPLOYEE

Received by Cherry Systems:

SIGNATURE

DATE

PRINT NAME

DATE

Media Type: Hard Drive SSD Flash Drive SD Card _____ Other

Drive Make:

Model#:

S/N:

Storage Capacity:

_____ Drive in Case _____ Cord _____ Box _____