

## Cherry Systems Client Information Form JOB#

Client Name:	
Company Associated with Client: (if applicable)	
Billing Street Address:	
Billing City, State, Zip Code:	
Cell #:	Work #:
Email Address:	
Add someone to the account: (if applicable)	Full Name: Relationship to you:
Who referred you? (Name of company or how you heard about us)	
Operating System (Select One): Window	vs/PC System OR Apple/MAC System
Which Files/Folders are most important to you? (File/folder names, important dates, where is this data stored, etc.)	
Is there a password or is the device encrypted? (Provide this password – Please remember case sensitivity)	
RELEASING MY DEVICE TO CHERRY SYSTEMS  I, the client, release my device to Cherry Systems Solutions, Inc., d/b/a Cherry Systems Data Recovery for an evaluation and the data recovery process. Once I choose to leave my device with Cherry Systems for evaluation, I understand my device may not be returned in the same condition as it was or my device may be in a non-returnable condition and will be recycled, whether I approve the data recovery process, decline the data recovery process or if my job is a "no recovery."  Initials  WILL RECYCLE  I also hereby understand if my device is left at Cherry Systems for 30 days after the date of drop off, Cherry Systems has the right to recycle my drive. After the drive is recycled, it will no longer be available for pick up.  Initials  YOUR PRIVACY  Cherry Systems understands the importance of your privacy and will follow the Privacy Policy on our website. Please read our Privacy Policy for more information and let us know if you have any questions.	
SIGN FOR APPROVAL	Initials
I,, THE CLIENT, have read, understand, and approve this Release Form.  PRINT NAME	
SIGNATURE	DATE