



DATA RECOVERY SERVICE FORM

Please Refer to **Instructions to Form Filling**. It is advisable to use one form for each data storage media. Attach the form(s) together with data storage media for evaluation and address the package to: **1000 Miles Network (AP) Pte Ltd (Storage Solutions), Block 1002, Jalan Bukit Merah, Redhill Ind Est, #04-01, Singapore (159457)**

CUSTOMER NAME/CONTACT PERSON:		COMPANY NAME:	
TELEPHONE: EXT (if any) : FAX (if any) :		EMAIL ADDRESS:	
COMPANY ADDRESS:		COUNTRY/STATE:	
		POSTAL CODE:	
SHIP TO: (if differ from COMPANY ADDRESS)		COUNTRY/STATE:	
		POSTAL CODE:	
INVOICE TO: (if differ from COMPANY ADDRESS)		COUNTRY/STATE:	
		POSTAL CODE:	
RECEIVABLES:			
Evaluation Service Plan	<input type="checkbox"/> Express (Within 48 Hours)	<input type="checkbox"/> Standard (5 Working Days)	
Media Type	<input type="checkbox"/> Hard Drive (Internal) <input type="checkbox"/> USB Thumb Drive <input type="checkbox"/> Memory Sticks	<input type="checkbox"/> Hard Drive (External) <input type="checkbox"/> Flash/Memory Cards <input type="checkbox"/> Others: _____	
Operating Systems	<input type="checkbox"/> MS Windows 98/ME <input type="checkbox"/> Sun Solaris <input type="checkbox"/> HP UX <input type="checkbox"/> Mac OS	<input type="checkbox"/> MS Windows 2000//2003/XP <input type="checkbox"/> IBM AIX <input type="checkbox"/> Linux Variants <input type="checkbox"/> Others: _____	
Serial Number (if any)			
PROBLEMS DESCRIPTION:			
INSTRUCTIONS:			



1000 Miles Network (AP) Pte Ltd 千里网亚太有限公司

1002, Jalan Bukit Merah, Redhill Ind Est, #04-01, S(159457)

EMAIL: datarecover@1000miles.net TEL: 65-62753557 FAX: 65-67648896

DATA RECOVERY SERVICE FORM

TERMS AND CONDITIONS:

This Service Agreement serves as the **Non-Disclosure Agreement** is between the person/company named in this form (herein referred to as "**the Client**") and **1000 Miles Network (AP) Private Limited**, herein referred to as "**1000 Miles Network**", who desire to investigate the possibility of a business arrangement relating to the recovery of data for **the Client**. **1000 Miles Network** wishes to receive this recorded data (hard disk, removable media, etc.) for the purpose of preparing and submitting a quotation for **the Client** concerning the cost of recovering the data on behalf of **the Client**. The parties listed above hereby agree to the following terms as they relate to the disclosure of information considered proprietary by **the Client**. **The Client** shall submit recorded data to **1000 Miles Network** for the sole purpose of having data restored to **the Client**. At no time from the date of this agreement shall **1000 Miles Network** directly or indirectly disclose, sell or give any information it receives from **the Client** to any person, firm, or corporation, or use the information for its own benefit, except for the purpose described above, without the express written consent of **the Client**. All **the Client** data is subjected to the terms of this agreement unless otherwise documented.

CUSTOMER NAME	SIGNATURE & DATE	COMPANY STAMP

OFFICAL USE ONLY:

SERVICE REQUEST ID	SERVICE ENGINEER	SIGNATURE & DATE
COMMENTS:		