



WE WILL BRING YOUR DATA BACK TO YOU

3 Craigsid Court, Oakden, SA 5086
 P.O. Box 262, Hindmarsh, SA 5007

Phone: 1300 656 071 FAX: 08 8367 8985
 Email: info@datarevival.com.au

In order to assist us and maximize the likelihood of your data revival, please answer as many questions as you can:

Disk(s) Interface (please tick one):

<input type="checkbox"/>	EIDE/ATA	<input type="checkbox"/>	S-ATA	<input type="checkbox"/>	SCSI	<input type="checkbox"/>	Not Known
--------------------------	----------	--------------------------	-------	--------------------------	------	--------------------------	-----------

Disk(s) size: _____ GB Boot disk(s) yes/no: _____

Operating System (please tick one):

<input type="checkbox"/>	Windows (all versions)	<input type="checkbox"/>	Mac	<input type="checkbox"/>	Linux	<input type="checkbox"/>	Multiboot
--------------------------	------------------------	--------------------------	-----	--------------------------	-------	--------------------------	-----------

Partition(s), size(s) and file system(s):

Partition	Size (GB)	File System (please tick one)							
:		<input type="checkbox"/>	FAT 16/32	<input type="checkbox"/>	NTFS	<input type="checkbox"/>	HFS+	<input type="checkbox"/>	EXT2
:		<input type="checkbox"/>	FAT 16/32	<input type="checkbox"/>	NTFS	<input type="checkbox"/>	HFS+	<input type="checkbox"/>	EXT2
:		<input type="checkbox"/>	FAT 16/32	<input type="checkbox"/>	NTFS	<input type="checkbox"/>	HFS+	<input type="checkbox"/>	EXT2

RAID yes/no: _____

If yes:

<input type="checkbox"/>	Software RAID (OS)	<input type="checkbox"/>	Hardware RAID		
<input type="checkbox"/>	RAID 0	<input type="checkbox"/>	RAID 1	<input type="checkbox"/>	RAID 5

Did you have updated and active antivirus software on the PC (yes/no): _____

Did you accidentally delete files (yes/no): _____

Did you accidentally format the disk(s) (yes/no): _____

Please briefly describe the accident (symptoms) which resulted in data loss:

How did you hear about DATA REVIVAL?

Yellow Pages Online Google Other Search Engine (please specify): _____
 Word of Mouth Yellow Pages Printed Other (please specify): _____

Customer Details

Name: _____
 Address: _____
 Phone: _____ e-mail: _____