



CAPITAL DATA RECOVERY INC.
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Email: info@capitaldatarecovery.com
Web: <http://www.capitaldatarecovery.com>

Authorized Service Partner Program

Your full name: _____

Company Name: _____

Office address: _____

Phone number: _____

Fax number: _____

Email address: _____

WWW: _____

Preferred Payment Method:

Check one that applies.

- Payment for each recovered drive.
- One monthly payment for all drives recovered during the month.

Email the completed form to us at: info@capitaldatarecovery.com
If you prefer fax, you can fax the completed form at: 1-613-225-8661
You will be contacted within 24 to 48 hours.