



CT Prints
THE ART OF THE PERFECT PRINT

Ross Imaging Center
2460 Dixwell Ave. Unit E
Hamden, CT 06514
(203)281-6996

Data Recovery Mail Order Form

First Name:	Last Name:	Date:
Phone Number:	Email Address:	
Order Comments/ Instructions:		

Memory Card Recovery

QTY	Size or Card/Memory Stick	Price Per*	SUBTOTAL
	Up to 1 GB Recovery	\$19.95	\$
	Up to 2 GB Recovery	\$24.95	\$
	Up to 4 GB Recovery	\$29.95	\$
	Up to 8 GB Recovery	\$39.95	\$
	Up to 16 GB Recovery	\$49.95	\$
	Up to 32 GB Recovery	\$59.95	\$
	Up to 64 GB Recovery	\$79.95	\$

Hard Drive Recovery: By quote

Hard Drive Manufacture:	Year Purchased:	Capacity:
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Please describe what occurred or why you think this memory device is broken:

LIMITATION OF LIABILITY: Submitting any tangible or electronic media, image, data, file, card, disc, device, film, print, slide, or negative for any purpose, such as processing, printing, duplication, alteration, enlargement, storage, transmission, or other handling, constitutes an agreement that any loss or damage to it by our company, subsidiary or agents, even though by our negligence or other fault, will only entitle you to replacement with an equivalent quantity/size of unexposed photographic film or electronic media, and processing of the replacement media. Except for such replacement, our acceptance of the media, image, data, file, card, disc, device, film, print, slide or negative is without other liability, and recovery for any incidental or consequential damages is excluded. No express or implied warranty is provided.

Select return shipping:

		+ Connecticut Sales Tax 6.35%	\$
Shipping Type		Cost	
<input type="checkbox"/> UPS Ground		\$12.95	
<input type="checkbox"/> UPS 2nd Day		\$24.95	
<input type="checkbox"/> UPS Overnight		\$34.95	
<input type="checkbox"/> USPS Priority Mail		\$8.95	
<input type="checkbox"/> International		\$20.95	
		Total	

Payment Information

***Your card will not be charged unless data is recovered** (even if all data is not recovered)

Payment Type				
<input type="checkbox"/> Credit Card Select card type >>>	<input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard	<input type="checkbox"/> American Express	<input type="checkbox"/> Discover
Credit Card Number:		Expiration:		
Security Code Number: CVV Number		Billing Postal Code:		
<input type="checkbox"/> Check Check to "Ross Imaging Center" <small>*orders wont be sent back till checks clear</small>				

Billing Address		
First Name:		Last Name:
Address:		
City:	State:	Zipcode:

6. Return Address (If different than Billing Address)

First Name:		Last Name:
Address:		
City:	State:	Zipcode:

Lab Use:

Quote:	Approved	Deny
Notes:		

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