



E-man Data Recovery

Credit Card Automatic Payment Authorization Form

402 Maple Avenue , Snohomish WA 98290
Phone: (425) 347-3732 Fax: (360) 243-7748

Please complete the following form. If you have any questions or need assistance of any kind, please don't hesitate to ask.

Client Information

Name		
Company		
Address		Suite
City	State	Zip
Phone 1	Phone 2	
Credit Card #	Visa/Master	
Expiration date		
V code on the back of the card :		

I authorize E-man Data Recovery to charge my credit card for advanced diagnostic procedure in the sum of:

- ___ \$79 Economy (4-6 business days)
- ___ \$150 Expedite (1-2 business days)
- ___ \$500 Priority (2-3 hours 24/7)

Signature _____ Date _____

E-MAN
425 347 3732