

E-man Data Recovery
Credit Card Automatic Payment Authorization Form
402 Maple Avenue , Snohomish WA 98290
Phone: (360) 243-7748 Fax: (360) 243-7748 Cell: (425) 327-5928

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 , the sum of \$ 79 for advanced diagnostic procedure.

Signature _____ Date _____

E-MAN
425 347 3732