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Delivery Note

^ Required fields

* Company Name	
* Contact	
* Billing Address	
* Phone: Work / Fax	
Phone: home / E-mail	
Disk or tape model, Serial No.	
Number of partitions	
Operating system, version No.	
Symptoms	
Password	
Important files	
Other information (Compression software used, tasks accomplished for recov- ering data, etc.)	

Analysis, answer in as little as 24 hours after receiving. Price 0 US\$ freight return and VAT not included.

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