

TEST OF VARIABLES OF ATTENTION (T.O.V.A.™) ORDER FORM

SENDING OPTIONS: Mail: The TOVA Company
3321 Cerritos Ave
Los Alamitos, CA 90720

Fax: (800) 452-6919 or (562) 594-7770
For assistance, call: (800) 729-2886 or (562) 594-7700

Owner: _____ (If different from shipping)
 Shipping: _____ Billing: _____
 Attention: _____ Attention: _____
 Address: _____ Address: _____

Clinical Contact: _____ **Billing Contact:** _____
Email: _____ **Email:** _____
Phone: _____ **Phone:** _____
Fax: _____ **Fax:** _____

T.O.V.A. SOFTWARE VERSION: (please check one): CLINICAL Degree & License # _____ SCREENING

System requirements: Built-in parallel port (required for all) AND Windows xp/2000 OR Windows ME OR Windows 95/98/DOS
Network? Yes No **Do you have Full Local Administrative Rights on the PC?** Yes No

How did you hear about T.O.V.A.? Internet Colleague Patient Conference: _____ Workshop
 Mailer Email Other: _____

Prices subject to change.

Please send me: (please check items below)			ADDITIONAL MATERIALS (Included with kits)
<input type="checkbox"/> T.O.V.A. Kit QTY: _____ A/V Microswitch & Score Box Professional Manual Clinical Guide User's Guide Five Scoring Credits ^T A/V Hardware Informative DVD Install CD \$395.00 each + Shipping Subtotal: _____	<input type="checkbox"/> Laptop with parallel port QTY: _____ (T.O.V.A. Kit not Included) IBM Thinkpad T43 Laptop (refurbished) 1.73 GHz Intel Pentium M 512 MB RAM, 30 GB HDD Biometric security (fingerprint) DVD/CD-RW combo drive Built-in wireless networking (802.11abg) Windows XP Pro SP3 Replacement warranty \$575.00 each + Shipping Subtotal: _____	<input type="checkbox"/> T.O.V.A. Research Laptop QTY: _____ The T.O.V.A. TRL is a dedicated, portable T.O.V.A. testing system for research that falls under regulations such as 21 CFR Part 11. The system is a laptop that has been tested and certified by The TOVA Company to collect T.O.V.A. data in highly regulated environments, such as clinical trials, pharmaceutical research, and forensic cases. \$3000.00 each + Shipping Subtotal: _____	<input type="checkbox"/> Clinical Manuals (Set) \$40.00** <input type="checkbox"/> Professional Manual \$14.95** <input type="checkbox"/> User's Manual \$14.95** <input type="checkbox"/> Clinical Manual \$14.95** <input type="checkbox"/> Screening Manuals (Set) \$40.00** <input type="checkbox"/> Screening Manual \$14.95** <input type="checkbox"/> Professional Manual \$14.95** <input type="checkbox"/> User's Manual \$14.95** Subtotal: _____

TOTAL (Add Subtotals) _____
 Add sales TAX for:
 CA (8.75%), MN (6.875%), and WA. (6.5%,) _____

^T Scoring Credits # _____ @ \$15.00 EA
 (IN ADDITION TO THE 5 INCLUDED) _____

***SHIPPING:** _____
Promo Code: _____
TOTAL: _____

*Shipping: \$34.95 minimum (within the US) \$80.00 minimum international (US funds only). Contact TTC for exact shipping cost.

**Add \$10 for domestic Overnight Federal Express.
^T Additional scoring credits are ordered through The TOVA Company. Cost per scoring credit, after the initial five, is \$15.00 each domestic and \$10.00 each international. All in US funds.

PLEASE INDICATE YOUR METHOD OF PAYMENT: (PLEASE CHECK ONE)
 CHECK OR MONEY ORDER, PAYABLE TO **The TOVA Company**
 PURCHASE ORDER P.O. # _____
 Visa MasterCard Discover Card American Express
 PayPal: Account ID: _____

Card Holder Name: _____
 Cardholder Address: _____
 City: _____ State: _____ Zip/Postal Code: _____
 Card #: _____
 Expiration Date: MO ____ YR ____
 Card Verification Number (3 digit number off back of card or 4 digit number printed on the front of the card after and the right of your card number): _____
 Authorized Signature: _____

FOR OFFICE USE ONLY: SERIAL # _____ CUSTOMER # _____ INVOICE # _____
 SALESPERSON: _____ LEAD: _____ TRACKING# _____
 ACTIVATION KEY: _____

Payment Terms and Conditions

Please make your check or money order payable to **THE TOVA COMPANY**. We accept U.S. dollars only. Do not send cash. To ensure proper crediting of your account, include the top portion of the invoice or statement with your payment and write your T.O.V.A. serial number on your check or money order.

Payments, credits, or charges incurred after the *issue date* will be included in the next billing cycle. T.O.V.A. test interpretation credits ordered during any one-month's time period will be billed the following month.

If you have any questions about prices, fees or other issues, please call **1-800-729-2886** or 1-562-594-7700. Our hours are Monday through Friday, 8:30am to 5:00pm Pacific Standard Time.

Fees

The amount due must be paid in full each month. We are not responsible for any fees, moneys taken, or currency exchange shortages before payments are received.

If your payment is not received on or before the due date indicated on your invoice you may be charged a late fee on your next statement. Service may be inactivated for non-payment. Any past due amounts must be paid before service will be reactivated.

Returned Checks

There may be an additional charge for returned checks. Service may be interrupted or inactivated for non-payment. Any past due amounts must be paid before service will be reactivated.

Mail correspondence to:

The TOVA Company
Accounts Receivable
3321 Cerritos Ave.
Los Alamitos, CA 90720

Bank Information:

Bank Name:	CITIBANK
Banker Branch:	12800 Seal Beach Blvd., Suite E Seal Beach, CA 90740
Sort Code / IBAN No./ SWIFT CODE:	CITIUS33
Account Number:	Call The TOVA Company
ABA Routing Number:	Call The TOVA Company

Bank Check/Wire Notification

Senders are responsible for any fees, deductions, or currency exchange shortages that may be removed from payments before they are received by The TOVA Company. Please specify to your bank or institution to state/write "**ALL CHARGES OURS**" or "**NO CHARGES FOR BENEFICIARY**" (written in English and *YOUR* language if different) in your sending instructions.

Errors or Questions About Your Statement

If you think your statement is incorrect or if you need more information about an item on your statement, please contact us at: Email: info@tovatest.com or fax: 1-800-452-6919 or 1-562-594-7770 or Phone: 1-800-729-2886 or 1-562-594-7700.

Remember to reference your T.O.V.A. serial number & invoices on all correspondence.

Address Changes/Ownership Changes

Please inform us of any changes to your name, address or phone number as soon as possible. Transfers of ownerships must be received in writing. Any past due amounts must be paid before ownership can be transferred.