For Accounting Purposes Only
Submitted By:
Date:

3321 Cerritos Ave
Los Alamitos, CA 90720
Ph: 1-800-729-2886 or 1-562-594-7700
Fax: 1-800-452-6919 or 1-562-594-7770

Credit Card Authorization Form

I (we) authorize The TOVA Company and the credit card company named below to charge my (our) account in the manner I (we) have selected below. This authority will remain in effect until I (we) give The TOVA Company written authorization of the termination of this authorization.

Company Name: _____

Federal Tax ID or EIN #: _____
(USA Customers only)

T.O.V.A. Serial Number(s): _____

Type of Credit Card:
- ☐ Visa
- ☐ Discover card
- ☐ MasterCard
- ☐ American Express

Credit Card Number: _____ 3/4 digit Security number: _____
(located on the back of credit card)

Expiration Date: _____

Cardholder's Name: _____

Cardholder's Signature: _____

Billing Address: _____
(including zip code)

_____

_____

☐ Authorized for a one-time transaction only
(If checked, please specify invoice # _____)

☐ Retain credit card information for future purchases
(If checked, please inform us of any restrictions below (i.e. max. transaction amount allowed)

Note / Special Instructions: _____

_____

Please fax completed document to The T.O.V.A. Company
Fax: 1-800-452-6919 or 1-562-594-7770

Revision Date: 05-22-09