

## Authorization to Place Order for TOVA Credits

Date: \_\_\_\_\_

Please place an order for \_\_\_\_\_ (QTY) Test Credit(s) for T.O.V.A. Serial #: \_\_\_\_\_

Return the activation key for the Test Credit(s) to this email: \_\_\_\_\_  
OR to this fax: \_\_\_\_\_ to this person's attention: \_\_\_\_\_

### PLEASE INDICATE YOUR METHOD OF PAYMENT:

Credit Card: (VISA, Master Card, Discover, AMEX) \_\_\_\_\_  
Expiration Date: \_\_\_\_\_ Verification # \_\_\_\_\_ Cardholder's Name: \_\_\_\_\_  
Cardholder's Address: \_\_\_\_\_ City/Province: \_\_\_\_\_  
State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Country: \_\_\_\_\_  
Purchase Order # \_\_\_\_\_ (Please attach hard copy)

*I authorize The TOVA Company to retain the above credit card information for future purchases and billing.*

### BILLING INFORMATION

My Billing Address is: \_\_\_\_\_ Correct with the TOVA Company OR \_\_\_\_\_ The information below is the correct information

Facility Name: \_\_\_\_\_  
Contact Name: \_\_\_\_\_  
Billing Address: \_\_\_\_\_  
City/Province: \_\_\_\_\_ State \_\_\_\_\_  
Zip Code/Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email: \_\_\_\_\_

I have the purchasing authorization to place this order. I understand that Test Credits are non-refundable.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Email: \_\_\_\_\_

This order will be processed as soon as it is received and an activation key will be returned to you.

Please do not send this order more than once, unless specifically asked to do so.

The TOVA Company is not responsible for multiple orders or mistakes. The returning activation key will only release scoring credits once.

Please contact The TOVA Company if you have any questions or need assistance with this order.

Please send this request by one of the following:

Fax: 1-800-452-6919 or 1-562-594-7770

Email: [info@tovatest.com](mailto:info@tovatest.com)

Mail: 3321 Cerritos Avenue, Los Alamitos, CA 90720 USA.

For TTC use only:

Serial # \_\_\_\_\_ Activation key # \_\_\_\_\_