

T.O.V.A.® Credit Card Authorization Form



SENDING OPTIONS: Scan to email: receivables@tovacompany.com Fax: (562) 594-7770
Mail: 222 Anthes Ave, Ste 101, Langley, WA 98260
Phone: (800) 729-2886 x 2 or (562) 594-7700 x 2

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.

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

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

Company or Owner Name: _____

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)

EasyPay: Please retain credit card information for future test credit purchases and enable my device for ordering credits through software.

Email Address(es) for invoices/receipts: _____
