

T.O.V.A.® Registration Form for Serial

SENDING OPTIONS: Scan to email: service@tovacompany.com Fax: (800) 452-6919 or (562) 594-7770

Mail: 222 Anthes Ave, Ste 101, Langley, WA 98260 Phone: (800) 729-2886 or (562) 594-7700



Owner: _____

Address: _____

Clinical Contact: _____

Degree/Speciality: _____

Clinical Email: _____

Clinical Phone: _____

Website _____

Include me in T.O.V.A. referral network: Yes No

Referral Phone (if different from above): _____

Receive E Newsletter? Yes No

I use T.O.V.A. on Windows Mac Both

Bill To: _____

EIN/TAX _____

Send Invoices By: Email Mail

Attention: _____

Address: _____

Billing Contact: _____

Billing Email _____

Billing Phone _____

How did you hear about T.O.V.A.? _____

Setting: (private practice, hospital, research, ADHD clinic, etc.) _____

PAYMENT OPTIONS:

EASY PAY: Keep your card or ACH on file, device is enabled to order test credits through the T.O.V.A. software.

We accept Visa MasterCard Discover American Express

Card holder Name: _____

Card holder Billing Address: _____

Credit Card #: _____

Expiration Date: MO ____ YR ____ Card Verification Number (3/4 digits on front/back): ____

I authorize The TOVA Company to retain the above credit card information for future purchases and for credit orders through the TOVA software.

Authorized Signature: _____ Date: _____

*Device disabled for ordering test credits through software and you must contact The TOVA Company to order each time

***Hyperlink** to pay online emailed to: _____

***Check** or **Money Order**, payable to: The TOVA Company. Please include T.O.V.A. serial number on memo line

***Purchase order:** Please include T.O.V.A. serial number on P.O. when ordering test credits

For office use only:

Kit Serial #: _____ Microswitch #: _____ Office signature: _____ Date: _____