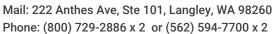
## T.O.V.A.® Credit Card Authorization Form







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.

| T.O.V.A. Serial Number(                    | s):  |  |                       |
|--|--|--|-----------------------|
| Federal Tax ID or EIN<br>(USA Customers on |  | _                                      |                       |
| Company or Owner Name                      | d.   |  |                       |
| Type of Credit Card                        | : Visa  MasterCard  American Express   | Discover card                          |                       |
| Credit Card Number:                        |  |  |                       |
| Expiration Date:                           |  | (located on the back of credit ca<br>_ | ard)                  |
| Cardholder's Name:                         |  | _                                      |                       |
| Cardholder's Signature:                    |  | _                                      |                       |
| Billing Address:<br>(including zip code)   |  | _                                      |                       |
|  |  | <del>-</del>                           |                       |
|  | <b>EasyPay:</b> Please retain credit card inform device for ordering credits through software. |  | rchases and enable my |
| Email Address(es) for invoices/receipts:   |  |  |                       |