

SENDING OPTIONS: Scan to email: sales@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

Ship To: _____

Attention: _____

Address: _____

Clinician: _____

Degree/Specialty: _____

Clinical Email: _____

Setting: (private, hospital, VA, etc.): _____

T.O.V.A. Owner: _____

Email: _____

Phone: _____

Bill To: _____

Tax ID/VAT: _____

Invoices are sent by email.

Billing Email: _____

Billing Address: Same as shipping

Billing Contact: _____

Billing Phone: _____

Website: _____

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

T.O.V.A. 9 Reports should only be interpreted by qualified healthcare professionals.

Visit: tovatest.com/technical-support/system-requirements/ for the latest T.O.V.A. 9 System Requirements.

Visit: www.tovatest.com/store-us/ for important purchase information.

Additional Test Credits: Test credits are used by the T.O.V.A. program whenever a test is saved to produce a report. The T.O.V.A. system comes with 5 test credits. Additional test credits are purchased through The TOVA Company. The cost per test credit, after the initial five, is currently billed at \$15 per test credit. **Test credit prices may change at any time.**

Schedule: Orders are processed and shipped within ten business days of completing the order, pending verification and available inventory.

Returns: The TOVA Company offers a 30-day, money-back guarantee on the T.O.V.A. system. There is a 15% restocking fee per system. Additional test credits purchased with the system, that remain on the hardware received within the 30-day return period will be refunded.

Test credits are non-refundable.

2-Year Extended Warranty: An additional two (2) years warranty (3 years total) is available. It must be purchased within 30 days of the original system purchase.

Visit: www.tovatest.com/forms/Warranty.pdf

Purchase Order Customers: If a quote is needed, please contact The TOVA Company. We will be happy to provide any information you require. Please send a copy of the purchase order with your order form. Purchase orders may not be accepted from customers that are not in good standing, or from international customers.

Bank Check or Wire Payments: Please contact The TOVA Company for bank wire information at billing@tovacompany.com. A wire fee of \$30 will be on your invoice. Bank Checks received that incur an exchange rate fee will be invoiced for payment. Senders are responsible for any fees, deductions, or currency exchange shortages that may be removed from payments before they are received by The TOVA Company. Please specify to your bank or institution to state/write "ALL CHARGES OURS" or "NO CHARGES FOR BENEFICIARY" (written in English and YOUR language if different) in your sending instructions. Any return checks or payment disputes will incur additional fees. By signing this order form, I agree that I have reviewed and understand the payment terms located on The TOVA Company's website, www.tovatest.com/manuals-and-forms/

Questions? (800) 729-2886 or (562) 594-7700

For Office Use Only

System Serial #: _____

Microswitch #: _____

Office signature: _____

Date: _____

TEST OF VARIABLES OF ATTENTION (T.O.V.A.®) Order Form Page 2

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MATERIALS:

T.O.V.A. 9 System (\$1095.00 each) QTY: ____

The T.O.V.A.9 System consists of T.O.V.A. 9 USB device, microswitch, digital manuals, installation media, and five test credits.

OPTIONAL MATERIALS (for purchase with new system)

- Additional microswitch (\$249.00)
T.O.V.A. replacement flash drive (\$29.95)
2-year extended warranty (3 years total) (\$249.00) See page 1

Total from above \$ _____

WA, MN, WI residents include Sales Tax: \$ _____

Additional Test Credits: \$15.00 each QTY: _____ x \$15.00 = \$ _____

Shipping*: \$ _____ (Contiguous U.S. FedEx Ground: System \$49.95+; AK and HI FedEx Ground: System \$69.95+, FedEx International: System \$90+)

Subtotal: \$ _____

Notes: _____

Total: \$ _____ (All Funds are US currency)

PAYMENT:

Cardholder Name: _____

Cardholder Billing Address: Same as shipping address

Visa, MasterCard, Discover, or American Express Card #: _____

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

Easy Pay: I authorize The TOVA Company to retain and charge the above credit card for any future purchases, which include test credit orders made through the T.O.V.A. application.

Email me a link to pay online: _____

Purchase order: (P.O. _____) *Must include a hard copy of the purchase order. Check or Money Order payable to: The TOVA Company

By signing this form, I agree that I have reviewed and understand the system requirements/compatibility and intended use of the T.O.V.A.

Signature Required

Date

Questions? (800) 729-2886 or (562) 594-7700