T.O.V.A.® Test Credit Order Form

SENDING OPTIONS:

Save form and email to: credits@tovatest.com Print and fax: (800) 452-6919 or (562) 594-7770



Date:				
Please place an order for	(QTY, minim	um of 5) Test Credit(s) fo	r T.O.V.A. Serial#:	
Return the activation key for To the attention of:				
PLEASE INDICATE YOUR ME	ETHOD OF PAYMEN	NT:		
ONE TIME TRANSACTION Card Holder Name: Card Billing Address: Card #:	ON We acce	order future test credits thro ot Visa MasterCard Discov	er American Express	
Expiration Date: MO	YR Verifica	tion Number (3/4 digits on	front/back):	
ONLINE: pay invoice on	line sent to email ac	ldress:		
Purchase order #:		(Please attach hard c	ору)	
BILLING INFORMATION				
My Billing Address is:	Correct with the TOV	A Company OR Up	date account with the infor	mation below
Facility Name:		Phone:		
Billing Contact:		Email:		
Street Address:				
City/Province:			Country:	
I have the purchasing a	uthorization to place	this order. I understand tha	t test credits are non-refun	dable.
Signature:		Date:	Email:	

This order will be processed within 24 hours of its receipt during normal business hours. Weekdays 7am-4pm PT

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 credits once.
Test credit purchases are non-refundable.

Minimum test credit order quantity is 5.

There's no minimum if you order credits through the T.O.V.A. software and use Easy Pay.

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

US customers: 1-800-729-2886 option 5

International customers: 1-562-594-7700 option 5