

T.O.V.A.® Account Transfer Form



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

SECTION 1: TRANSFERER – CURRENT OWNER

I, _____, AM THE AUTHORIZED PURCHASER/AGENT OF T.O.V.A. SERIAL # _____
AND I AM RELEASING RESPONSIBILITY TO THE FOLLOWING QUALIFIED ENTITY, _____. PLEASE MAKE THIS
TRANSFER EFFECTIVE THIS DATE: _____. I KNOW THE ACCOUNT MUST HAVE A ZERO BALANCE IN ORDER TO TRANSFER OWNERSHIP, AND ALL
ORDERS PLACED ON OR BEFORE THIS DATE WILL BE PAID COMPLETELY BEFORE TRANSFER CAN OCCUR.

AUTHORIZED SIGNATURE

PRINT NAME AND TITLE

Phone: _____ Email: _____

SECTION 2: TRANSFEREE – NEW OWNER

I, _____, AGREE TO PAY A \$50 ACCOUNT TRANSFER FEE TO THE TOVA COMPANY, AND I ACCEPT
ALL RESPONSIBILITY FOR THE T.O.V.A. SERIAL#: _____. I AM THE AUTHORIZED PURCHASER/
AGENT FOR ENTITY _____. I OR ENTITY WILL BE RESPONSIBLE FOR ANY OBLIGATIONS FROM THIS DATE FORWARD.

AUTHORIZED SIGNATURE

PRINT NAME AND TITLE

DATE

Phone: _____ Email: _____

TRANSFEREE (NEW OWNER) INFORMATION (PLEASE TYPE or write clearly)

NEW T.O.V.A. PROGRAM OWNER NAME: _____

PRIMARY CLINICAL CONTACT NAME (IF DIFFERENT FROM ABOVE): _____ DEGREE/SPECIALTY _____

SECONDARY CONTACT(S): _____ DEGREE/SPECIALTY _____

SHIPPING/MAILING ADDRESS: _____ BILLING ADDRESS: _____

CLINICAL PHONE: _____ BILLING CONTACT: _____

CLINICAL E-MAIL: _____ BILLING PHONE: _____

SECONDARY E-MAIL: _____ BILLING EMAIL: _____

AUTHORIZED SIGNATURE

PRINT NAME AND TITLE

I WOULD LIKE TO RECEIVE THE T.O.V.A. NEWSLETTERS AND WORKSHOP ANNOUNCEMENTS YES NO

PAYMENT OPTIONS:

EASY PAY: Keep card on file for future test credits and purchases, and order test credits directly through your T.O.V.A. software.

We Accept Visa MasterCard Discover American Express

Card Holder Name: _____

Card Billing Address: _____

Card #: _____

Expiration Date: _____ 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: _____

The following payment options will not be able to order test credits through the software. Please contact The TOVA Company to order credits.

HYPERLINK Email my invoices with a hyperlink to pay online: _____

PURCHASE ORDER: Include hard copy of PO and serial number)

CHECK or MONEY ORDER payable: The TOVA Company, include serial number on memo line

If you need assistance, please contact us at: (800) 729-2886 x 5 or (562) 594-7700 x 5