

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



**SENDING OPTIONS:** Scan to email: [receivables@tovacompany.com](mailto:receivables@tovacompany.com) Fax: (562) 594-7770  
Mail: 222 Anthes Ave, Ste 101, Langley, WA 98260  
Phone: (800) 729-2886 x 2 or (562) 594-7700 x 2

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 #: \_\_\_\_\_  
(USA Customers only)

Company or Owner Name: \_\_\_\_\_

Type of Credit Card:  Visa  Discover card  
 MasterCard  
 American Express

Credit Card Number: \_\_\_\_\_ 3/4 digit Security number: \_\_\_\_\_  
(located on the back of credit card)

Expiration Date: \_\_\_\_\_

Cardholder's Name: \_\_\_\_\_

Cardholder's Signature: \_\_\_\_\_

Billing Address: \_\_\_\_\_  
(including zip code)  
\_\_\_\_\_  
\_\_\_\_\_

**EasyPay:** Please retain credit card information for future test credit purchases and enable my device for ordering credits through software.

Email Address(es) for invoices/receipts: \_\_\_\_\_  
\_\_\_\_\_