

TEST OF VARIABLES OF ATTENTION (T.O.V.A.®) UPGRADE Order Form Page 1

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.) _____

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: _____

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

Upgrade discounts are only offered to the original owner of the upgraded device.

Visit: www.tovatest.com/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 \$15 each. 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: Upgrade orders are non-refundable.

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 original order. 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 receivables@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/forms/payment_terms.pdf/

For office use only:

System Serial # _____ Microswitch #: _____ Office signature: _____ Date: _____

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PLEASE UPGRADE T.O.V.A. Serial # _____ . By upgrading, I agree to the following conditions:

- My account is paid for in full.
• The T.O.V.A. 8 microswitch and USB device (hardware) will be returned to The TOVA Company within forty-five (45) days of the T.O.V.A. 9 arriving, using the return label and packaging provided by The TOVA Company. Return labels are provided for domestic customers only.
• If the T.O.V.A. 8 hardware is not received within 45 days of receipt of the new system, I will forfeit the discount, and will be charged \$300.
• Test credits remaining on returned hardware will be transferred to the new T.O.V.A. Returned hardware that is unreadable will not have test credits transferred.

MATERIALS

_____ T.O.V.A. 9 System: UPGRADE (\$695.00)

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

OPTIONAL MATERIALS:

_____ 2- year extended warranty (3 years total) \$249.00 (See page 1)

_____ Additional microswitch: (\$249.00)

_____ T.O.V.A. Flash drive: (\$29.95)

Total from above: \$ _____

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

Additional Test Credits: QTY: _____ \$ _____

Shipping*: \$ _____ (Contiguous U.S. FedEx Ground: System \$49.95+, AK and HW FedEx Ground: System \$69.95+; FedEx International: System \$80+)

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 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 purchase order.

Check or Money Order payable to: The TOVA Company

Signature Required Date

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