



3111 Fortune Way | Suite B-16 | Wellington | Florida | 33414
Toll Free: 1.800.890.6269 | Main: 561.537.5501 | Fax: 1.866.230.0259
<http://www.virtualhse.com>

Authorization Form

Credit Card

Name on Card: _____

Credit Card Type: _____

Credit Card Number: _____ - _____ - _____ - _____

Expiration Date: ____/____/____ CVV: _____

Billing Address: _____
Street Address Apt#

City State Zip Code

Pay In Full

Monthly Payments

Date of each month to charge credit card: _____ (MM) _____ (DD) _____ (YY)

Grade Level Entering: _____

Program Seeking:

Online Full Time (5.5 to 6 credits)

Online Part Time (2-4 credits)

HSEQ

Individual Courses

Correspondence

Official Transcript \$10.00

Are you seeking NCAA compliance Yes _____ No _____

I have read and agree to the terms and conditions. I am the holder of the card/checking account and I authorize the charges for School Education delivered by Virtual High School of Excellence, LLC.

Authorized Signature: _____ Date: ____/____/____