



The University of Virginia's College at Wise
1 College Avenue
Wise, VA 24293
Ph: (276)328-0102
Fax: (276)328-0251

Credit Card Voucher

Student Name: _____

Student SSN: _____

Type: \$25.00 Application Fee \$75.00 Enrollment Deposit

Name (as appears on card): _____

Card Number: _____

Expiration Date: _____

Visa Mastercard Discover

*** We do not accept American Express**

Billing Address (as appears on statement): _____

Phone: (____) _____

I certify that the information on this form is true and correct.

Signature of Cardholder: _____

Date: _____

**For information taken over the phone:*

Name of contacted person: _____

Signature: _____ Date: _____