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Summit K12 Holdings, Inc. Credit Card Authorization Form

*Please complete the following and return by fax or email.
Payments will be processed and posted upon return receipt.
Return by fax: 866-490-8158 or Email: ap@Summitk12.com*

Card # _____ CVV: _____

PO#: _____ Exp Date: _____

Billing Address

Billing City, State, Zip

Amount: \$ _____

Signature - Credit Card Holder

Printed Name - Credit Card Holder

For Questions: 844-331-4737
FAX: 866-490-8158
Email: ap@SummitK12.com