



**Strictly Dental Receptionist Inc.**

**CLINICAL LEVEL:**

**Theory and Fundamentals of Chairside Assisting Certificate Program**

**Split-Payment Option Agreement**

I \_\_\_\_\_, agree to make 2 payments in addition to my non-refundable deposit, to Strictly Dental Receptionist Inc via CREDIT CARD on the website at [www.thedentalreceptionist.com](http://www.thedentalreceptionist.com) or E-TRANSFER at [thedentalreceptionist@gmail.com](mailto:thedentalreceptionist@gmail.com) on the following terms according to my contract and to fulfill my obligation:

**September 30TH, 2024 = \$496.00**

**October 30TH, 2024, = \$496.00**

I understand that those payments are to be made on or before the above-mentioned dates as they are tuition payments for the CLINICAL LEVEL: Theory and Fundamentals of Chairside Assisting Certificate Program presented by Strictly Dental Receptionist Inc. I understand these payments are not optional and they are due and payable according to my contract whether I choose to complete the program or not. I am being granted a courtesy by Strictly Dental Receptionist Inc. to pay them in this fashion according to the split-payment option as outlined in my Enrollment Contract.

\_\_\_\_\_  
(SIGNATURE)

\_\_\_\_\_  
(DATE)