



## Strictly Dental Receptionist Inc.

**LEVEL 1: The Dental Receptionist Certificate Program**

**LEVEL 2: Leadership & Management Certificate Program**

**CLINICAL LEVEL: Theory and Fundamentals of Chairside Assisting Certificate Program**

### Split-Payment Option Agreement

I \_\_\_\_\_, agree to make 3 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 15, 2024 = \$998.00**

**October 15, 2024 = \$998.00**

**November 15, 2024 = \$998.00**

I understand that those payments are to be made on or before the above-mentioned dates as they are tuition payments for the TRIO PACKAGE as presented by Strictly Dental Receptionist Inc and according to the contract. 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)