



**Strictly Dental Receptionist Inc.**  
**LEVEL 1: The Dental Receptionist Certificate Program**  
**LEVEL 2: Leadership & Management 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 or E-TRANSFER at thedentalreceptionist@gmail.com on the following terms according to my contract and to fulfill my obligation:

SEPT 12, 2025 = \$425.40

OCT 12, 2025 = \$425.40

NOV 12, 2025 = \$425.40

I understand that those payments are to be made on or before the above-mentioned dates as they are tuition payments for the LEVEL 1: The Dental Receptionist Certificate Program 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)