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 2 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:

January 15th, 2026 = $700.00

February 15th, 2026 = $700.00

I understand that those payments are to be made on or before the above-mentioned dates as they are tuition payments for the LEVEL 2: Leadership & Management 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)