



**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](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:

SEPT 14, 2026 = \$425.40

OCT 14, 2026 = \$425.40

NOV 14, 2026= \$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)