



TUITION PAYMENT FORM

FULL NAME: _____

STREET ADDRESS: _____

CITY/STATE/ZIP: _____

PHONE: _____ EMAIL: _____

PAYMENT METHOD: Cash Check Money Order Extended Payments
 PayPal Credit Credit Card

FOR CASH, CHECK OR MONEY ORDER PAYMENTS:

OPTION 1: PAYMENT IN FULL **\$4,797.00** (DISCOUNT APPLIED TO CASH, CHECK OR MONEY ORDER ONLY)

OPTION 2: THREE PAYMENTS ONE PAYMENT OF: **\$2,500.00** TWO ADDITIONAL PAYMENTS OF: \$1,348.50

FOR CREDIT CARD PAYMENTS:

OPTION 1: PAYMENT IN FULL **\$4,997.00**

OPTION 2: THREE PAYMENTS ONE PAYMENT OF: **\$2,598.50** TWO ADDITIONAL PAYMENTS OF: \$1,299.25

CREDIT CARD TYPE: AmEx Visa MasterCard Discover

CARD NUMBER: _____ BILLING ZIP: _____

EXPIRATION DATE: _____ SECURITY CODE (ON BACK): _____

SIGNATURE: _____ DATE: _____

YOUR SIGNATURE INDICATES YOUR AGREEMENT TO THE TERMS WITHIN YOUR CREDIT CARD ISSUER'S AGREEMENT.

**PLEASE RETURN TO SECURE YOUR SPOT IN THE UPCOMING
PEDIATRIC DENTAL ASSISTANT SCHOOL CLASS!**

MAIL TO:

Post Oak Enterprises, LLC
2900 Delk Rd., Ste 700 PMB 59
Marietta, GA 30067

FAX TO:

(770) 578-8957

EMAIL TO:

peddentasstschool@gmail.com

COMPLETING AND RETURNING THIS FORM CONSTITUTES A FINANCIALLY BINDING AGREEMENT BETWEEN THE STUDENT AND THE PEDIATRIC DENTAL ASSISTANT SCHOOL. IT ALSO CONSTITUTES PERMISSION FOR DR. RHEA HAUGSETH AND THE PEDIATRIC DENTAL ASSISTANT SCHOOL TO COMMUNICATE WITH YOU ABOUT PAYMENTS, EVENTS AND OTHER OFFERS.