ATLANTA
PEDIATRIC DENTAL ASSISTANT SCHOOL
We create **Exceptional** Pediatric Dental Assistants!

TUITION PAYMENT FORM

FULL NAME: _____

STREET ADDRESS: _____

CITY/STATE/ZIP: _____

PHONE: _____ EMAIL: _____

PAYMENT METHOD: ____ Cash ____ Check ____ Money Order ____ Extended Payments ____ Credit Card _____ WAIO

FOR CASH, CHECK, CREDIT CARD OR MONEY ORDER PAYMENTS:Pay to order of: Post Oak Enterprises, LLC

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

OPTION 2: THREE PAYMENTS: ONE PAYMENT OF: **$2,500.00** TWO ADDITIONAL PAYMENTS OF: $1248.50

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 ATLANTA PEDIATRIC DENTAL ASSISTANT SCHOOL CLASS!

MAIL TO:	**FAX TO:**	**EMAIL TO:**
Post Oak Enterprises, LLC 2900 Delk Rd., Ste 700 PMB 59 Marietta, GA 30067	(770) 578-8957	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.