



Assist to Succeed – Purchase Area

1301 Olive Street, PO Box 1007, Benton, KY 42025
 (270) 205-2701
 www.BentonDentist.com

Credit Card Payment Option Form:

Student Name & Address:	<input type="checkbox"/> \$3799.00 Payment in Full Payment Options: <input type="checkbox"/> \$2099.00 down payment and 180.00 per week for 10 weeks = \$3899.00 <input type="checkbox"/> \$999.00 down payment and 300.00 per week for 10 weeks = \$3999.00
I am authorizing a one-time payment of _____ for ATS Dental Assisting School Registration. For payments not made in full, you will receive a payment book at the Open House for the remaining balance.	
Please Check One:	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Credit Card Number:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Expiration Date:	<input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/>
V-code (last 3 digits on signature strip on back of card): (AmEx will be the front 4 numbers)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Zip Code of Billing Address:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Billing Address:	
Print Cardholder Name:	
Signature:	Date:

- **A place in the ATS Fall Class will not be held until payment is received.**
- We need this **Payment Form** along with the **Registration Form** and **Student Information Form** dropped by our office or mailed to the address below to complete your registration.
- For payment plans, a student may make payments early prior to starting class & lower you weekly payments. All weekly payments must be paid prior to class starting at the beginning of each week. All accounts must be paid in full prior to taking the final exam.

Dr. Sells
 Assist to Succeed
 PO Box 1007
 Benton, KY 42025