Roseville Dental Academy

Registration/ Payment Form

I have selected the following course(s).

- Dental Assisting Training Program $2500.00
- Radiation Safety/ X-ray license $695.00
- 8- Hour Infection Control Certification $395.00
- BLS/CPR ($85 paid to instructor at the time of registration)

Name: _____
Phone#_____

Address:
_____

City: _____ State: _____ Zip: _____

E-mail: _____ Date of Birth: _____

Emergency Contact: _____ Phone #: _____

A **$1000** Minimum down payment is required. Please complete the following to reserve a spot in our next class.
Deposit is Non-Refundable. Initial _____

- $_____ Paid in full
- **$**_____ Down Payment. Bal after $ _____ then $_____ per week for nine weeks ***Payments are due at the beginning of each class.**
  If payment is not made student cannot join class _____

Name:_____ Credit Card#_____ CC type: _____

Exp:_____ CVV:_____ Day of the week for automatic draft: _____

SS#_____ DOB_____

Certificates will not be granted until balance is paid in full. Upon default, I agree to pay any fees and costs that Roseville Dental Academy may incur in collecting my balance owed as well as a competitive interest rate on the amount owed.

A holder of this tuition debt contract is prohibited by Section 1785.27 of the Civil Code from furnishing any information related to this debt to a consumer credit reporting agency. In addition to any other penalties allowed by law, if a person knowingly violates that section by furnishing information regarding this debt to a consumer credit reporting agency, the debt shall be void and unenforceable.

If your account becomes delinquent (past due), we may take the following actions: (1) refer your account to a collection agency, (2) file a lawsuit to recover the amount owed. If your account is referred to a collection agency, you agree to pay a collection fee and interest at an annual rate of 10% on the unpaid balance, beginning 30 days after the date of service. If legal action is required to collect the amount owed, you agree to pay all reasonable attorney's fees and court costs incurred in the collection process, in addition to the outstanding balance, collection fees, and interest.

I agree that, in order for Roseville Dental Academy, or Extended Business Office (EBO) Servicers and collection agents, to service my account or to collect any amounts I may owe, I expressly agree and consent that Roseville Dental Academy or EBO Servicer and collection agents may contact me by telephone or text message at any telephone number, without limitation of wireless, I have provided Roseville Dental Academy or EBO Servicer and collection agents have obtained or, at any phone number forwarded or transferred from that number, regarding the services rendered, or my related financial obligations. Methods of contact may include using pre-recorded/artificial voice messages and/or use of an automatic dialing device, as applicable.

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By providing my email address, I understand and agree to receive communications by email from Roseville Dental Academy, and collections agents to service my account or to collect any amounts I May owes. I understand that work or government email addresses may be monitored by third parties, and if I do not provide a personal email address, I consent to any potential third party disclosure of my information.

Signature:_____ Date: _____