







Assist to Succeed – Purchase Area

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

FALL CLASS 2025

Credit Card Payment Option Form:

Students may pay with CASH, CHECK or CREDIT CARD

Student Name & Address:	<input type="checkbox"/> \$5499.00 Payment in Full Payment Options: <input type="checkbox"/> \$3699.00 down payment and 200.00 per week for 10 weeks = \$5699.00 <input type="checkbox"/> \$2999.00 down payment and 300.00 per week for 10 weeks = \$5999.00			
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"/>			
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 your weekly payments. Students may also make payments to ATS to achieve the down payment amount for payment plan desired prior to July 15th. Down payment amounts for payment plans must be achieved prior to July 15th to allow ATS time to order the students books and supplies needed for the class.
All weekly payments for payment plans must be paid prior to class starting at the beginning of each week. All weekly payments need to be made with Cash or Check. Accounts must be paid in full prior to taking the final exam.
- Any questions, you may call Alicia Colp @ 270-205-2701
**Mail Registration Forms to: Assist to Succeed
 PO Box 1007
 Benton, KY 42025**