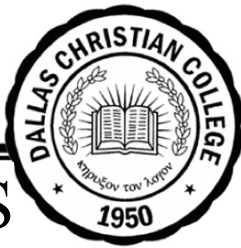


DALLAS CHRISTIAN COLLEGE



Business Contract - ACCESS

I understand that the full amount of \$5495 for the ACCESS program is my responsibility and my signature below commits me to pay the entire amount, should student loans not cover the full amount.

_____ (Student should initial)

Print Name: _____
Last First Middle Initial

ACCESS Payment Options: (Please indicate with a check mark () or X your preferred option.)

_____ 1. **Payment in full** with a check or money order on or before May 1.

_____ 2. **Payment in full by credit card.** Complete credit card information below:

_____ 3. **Student Loan.** Approval of Financial Aid Office Required

Signature of Financial Aid Officer _____

** I _____ fully understand that a total of \$400.00 (\$50 application fee and \$350 program registration fee) must be paid on or before May 1, 2011.

ACCESS Candidate's Signature _____ **Date** _____

If using option 2 with credit card, complete this information

Visa, MasterCard, or American Express (circle one)
(Other cards not accepted)

Credit Card number: _____

Expiration Date: _____

Name of Cardholder: _____

Signature: _____

Dallas Christian College • 2700 Christian Parkway • Dallas, TX 75234

Main Office (972) 241-3371 or (800) 688-1029 • Fax (972) 241-8021