



HSIN TEN ENTERPRISE USA, INC.

NY OFFICE: 25 S. Service Road Suite#220 Jericho, NY 11753 / Tel: 631-454-1600 / Fax: 631-454-1601

LA OFFICE: 17578 Rowland St. City of Industry, CA 91748 / Tel: 626-575-9969 / Fax: 626-575-3969

EMAIL: vannessat@hteamericas.cc
www.hteamericas.com

**Grande SOQI Bed Set Installment Plan
USA Application Form**

I would like to enroll in HTE's SOQI BED Installment. I have reviewed the terms and conditions below and I agree to abide by the terms and conditions stated in this document.

Applicant's Name: _____ Applicant's Phone #: (____) _____ Fax: # (____) _____
(Please print)

Distributor Name: _____ Distributor #: **A 130504** Phone # **(818) 212-9772** Fax: # (____) _____

Credit Card Information:

Type: ___ **Master Card** ___ **Visa** ___ **AMEX** ___ **Discover**

Credit Card #: _____ Expiration Date: _____ CVC: _____

Card Holder's Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

County: _____

Phone No: (____) _____ FAX: (____) _____ e-mail: _____

Signature: _____

INSTRUCTIONS: Complete this Application Form and ~~return it via Fax~~ ^{Email} to HTE for processing. The applicant will be notified of his/her acceptance into this program within 3 business days.

TERMS AND CONDITIONS

- **I AGREE TO PAY a \$35.00 Application Processing Fee and allow HTE to charge the credit card indicated above for this amount.**
- This program is available to all Distributors and/or Distributor's Customers in the United States with minimum FICO credit score of 600.
- All BVP will be awarded in the month when the initial down payment is made. Commissions will be paid out at a percentage rate proportionately equal to the percentage rate of payments.
- All purchasers of the SOQI BED SET will be immediately promoted to Supervisor upon completion of their Distributor Application.
- Supervisor status will revert to Distributor status if customer makes a partial return.
- Payment methods are by credit card (Visa, Master Card, Discover, or American Express).
- Credit card deductions for Installment Payments will be made on the 20th of each month. For months in which the 20th falls on the weekend, credit card deductions will be made the following Monday.
- All customers making partial returns will be required to pay the remaining balance in full. Example: A customer who decides to return one Ceramic Heater from the SOQI BED SET will no longer be able to pay through installments and must immediately pay the remaining balance on the other products.
- Returns made on SOQI BED SET within the 14-day trial period will be refunded upon HTE's receipt of all items. HTE will assess a 30% restocking fee on any return. All return items for SOQI Bed Set should be packed in the original, unmarked packaging including any accessories, manuals, documentation and registration that belong to SOQI Bed product. ***Restocking fee: The person who places the order will be responsible for a restocking fee of 30% of the order price if the order is returned to the company in any of following conditions (i) the receiver refused to accept the order. (ii) UPS is unable to reach the receiver after 3 trial deliveries. For tax exempt sales please call customer service. The shipping fee won't be refundable.
- If there is a return, all promotional items must be included or the original price of the item(s) not returned will be deducted from the amount of the refund.
- If any product voucher available when purchased the SOQI Bed Set, it will be distributed after full payment is made.
- Limited to one Installment Plan per individual.
- HTE reserves the right to amend or change the terms and conditions of this program at any time, without prior notice.

SOQI Bed Installment Plan

I. Grande SOQI Bed

>Down payment= \$1,950.00+ Shipping Fee (\$350.00) + Sales tax based on \$4,700.00 (taxes are calculated based on the tax % of your local sales tax.)

>Five (5) payments of \$550.00

Applicant's Signature: _____ (Date) _____



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Grande SOQI Bed Set Installment Plan USA Application Form

PLEASE PRINT ALL INFORMATION CLEARLY. READ, SIGN, DATE THIS APPLICATION AND FAX BOTH PAGES TO:
626-575-3969 (Los Angeles) or 631-454-1601 (New York)

PERSONAL INFORMATION

Applicant's Name: _____ Birth date: ____/____/____

Driver's License Number: _____ State: _____ Social Security Number: ____/____/____

RESIDENCE INFORMATION

Current Address:

 (Street Address) (City) (State) (Zip) (Apt. #)

EMPLOYMENT INFORMATION

Current Employer Name: _____ Employer Phone : (____) _____ - _____

Employer's Address:

 (Street Address) (City) (State) (Zip) (Suite. #)

Position: _____ Annual Income \$: _____ Phone (____) _____ - _____

I hereby authorize General Data Services to use any consumer reporting agency, credit bureau or investigative agency to confirm the information contained herein, pertaining to my employment, credit history, prior tenancies, character and to obtain a credit report and verify bank references and to disclose such information to the owner/agent or representative in support of this application. I have completed this application and recognize that the truth of the information contained herein is essential.

 APPLICANT'S SIGNATURE

 DATE