



**HSIN TEN ENTERPRISE CANADA, INC.**  
 30 West Beaver Creek Road, Unit 10, Richmond Hill, ON L4B 3K1  
 Tel: 1-905-763-0888 Fax: 1-905-763-8880  
 www.htecanada.com

**SUC EXPRESS New Grande SOQI Bed Set (\$5,999)  
 INSTALLMENT PROGRAM APPLICATION FORM**

I would like to enroll in HTE's NEW GRANDE SOQI BED SET Installment Program. 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: Tracy Courtney Distributor #: A 130504 Phone # (\_\_\_\_) \_\_\_\_\_ Fax: # (\_\_\_\_) \_\_\_\_\_

Credit Card Information:

Type: \_\_\_ Master Card \_\_\_ Visa \_\_\_ AMEX  
 Credit Card #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
 Card Holder's Name: \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
 Country: \_\_\_\_\_  
 Phone No: (\_\_\_\_) \_\_\_\_\_ FAX: (\_\_\_\_) \_\_\_\_\_ e-mail: \_\_\_\_\_

Signature: \_\_\_\_\_

**INSTRUCTIONS:** Complete this Application Form and return it via Fax to HTE for processing (866-483-8880). The applicant will be notified of his/her acceptance into this program within 3 days.

**GUIDELINES**

- I agree to pay a \$35.00 Application 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 Canada with minimum FICO credit score of 600.
- All BVPs will be awarded in the month 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 New Grande SOQI Bed Set program package will be immediately promoted to Supervisor Club level 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, or American Express).
- Credit card deductions for Installment Payments will be made on the 20<sup>th</sup> 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 Grande HotHouse will no longer be able to pay through installments and must immediately pay the remaining balance on the other two Grande HotHouses plus The Chi Machine.
- Returns made on the New Grande SOQI Bed Set within the 14-day trial period will be refunded upon HTE's receipt of all items plus a 30% restocking fee.
- 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.
- A penalty will be issued in the event the installment plan is discontinued.
- Limited to one Installment Plan per individual.
- \*Free E-Power, FIR Pad & Power Eyes will be shipped out after installments have been completed. (Only applicable if this promotion is available)
- HTE reserves the right to amend or change the terms and conditions of this program at any time, without prior notice.

**Installment Plan**

**6 Monthly Payments with 0% Interest**

- Down payment = \$1,849.00 (CAD) payment + full sales tax on \$5,999.00 (CAD) (calculated according to your local sales tax). (70 BVP)
- Five (5) subsequent payments of \$830.00 (CAD) (43 BVP)

**12 Monthly Payments with 0% Interest**

- Down payment = \$1,874.00 (CAD) payment + full sales tax on \$5,999.00 (CAD) (calculated according to your local sales tax). (65 BVP)
- Eleven (11) subsequent payments of \$375.00 (CAD) (20 BVP)

Applicant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_



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**NEW GRANDE SOQI BED SET INSTALLMENT PROGRAM CANADA APPLICATION FORM  
PROGRAMME DE PAIEMENTS ÉCHELONNÉS- NOUVEL ENSEMBLE GRAND LIT SOQI  
FORMULAIRE DE DEMANDE - CANADA**

PLEASE PRINT ALL INFORMATION CLEARLY. READ, SIGN, DATE THIS APPLICATION AND  
FAX BOTH PAGES TO: **866-483-8880**

VEUILLEZ ÉCRIRE LISIBLEMENT, LIRE, SIGNER ET DATER CE FORMULAIRE ET TÉLÉCOPIER  
LES DEUX PAGES AU: **866-483-8880**

**PERSONAL INFORMATION / RENSEIGNEMENTS PERSONNELS**

(Month/Mois) / (Date) / (Year/Année)

Applicant's Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Nom du requérant: (First / Prénom) (Middle / Initiales) (Last / Nom) Date de naissance: (Optional / Optionnel)

Driver's License Number: \_\_\_\_\_ Province: \_\_\_\_\_ Social Insurance Number: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Numéro du permis de conduire: \_\_\_\_\_ Numéro d'assurance sociale: \_\_\_\_\_

**RESIDENCE INFORMATION / ADRESSE POSTALE**

Current Address / Adresse actuelle:

\_\_\_\_\_  
(Street Address / Adresse municipale) (City / Ville) (Province) (Postal code / Code postal)

**EMPLOYMENT INFORMATION / RENSEIGNEMENTS SUR L'EMPLOI**

Current Employer Name: \_\_\_\_\_ Employer Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Nom de l'employeur actuel: \_\_\_\_\_ Téléphone de l'employeur: \_\_\_\_\_

Employer's Address / Adresse de l'employeur:

\_\_\_\_\_  
(Street Address / Adresse postale) (City / Ville) (Province) (Postal code / Code postal)

Position: \_\_\_\_\_ Annual Income \$: \_\_\_\_\_ Phone(\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Poste: \_\_\_\_\_ Revenu annuel: \_\_\_\_\_ Téléphone: \_\_\_\_\_

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.

Par la présente, j'autorise General Data Services à faire appel à n'importe quelle agence de renseignements sur le consommateur, agence d'évaluation du crédit ou agence d'enquête pour confirmer les renseignements contenus dans ce document, en ce qui a trait à mon emploi, ma solvabilité, mes locations antérieures, mon caractère et pour obtenir un rapport de solvabilité et vérifier les références bancaires ainsi que pour divulguer de tels renseignements au propriétaire/ à l'agent ou au représentant en ce qui a trait à cette demande. J'ai complété cette demande et reconnais que l'exactitude de ces renseignements est essentielle.

\_\_\_\_\_  
APPLICANT'S SIGNATURE / SIGNATURE REQUÉRANT

\_\_\_\_\_  
DATE