



**HSIN TEN ENTERPRISE USA, INC.**

NY OFFICE: 25 S Service Rd, Ste 220, Jericho, NY 11753

Tel: 1-631-454-1600 / Fax: 1-631-454-1601

LA OFFICE: 9460 Telstar Ave, Unit 4, El Monte, CA 91731

Tel: 1-626-575-9969 / Fax: 1-626-575-3969

www.HTEAmericas.com

**Grande SOQI BED SET INSTALLMENT PLAN  
USA Application Form**

I would like to enroll in HTE's Grande SOQI Bed Installment Plan. 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 \_\_\_\_\_ Phone # (\_\_\_\_) \_\_\_\_\_ Fax: # (\_\_\_\_) \_\_\_\_\_

Credit Card Information:

Type: \_\_\_Master Card \_\_\_ Visa \_\_\_ AMEX \_\_\_Discover

Credit Card #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Card Holder's Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

County: \_\_\_\_\_

Phone #: (\_\_\_\_) \_\_\_\_\_ FAX: (\_\_\_\_) \_\_\_\_\_ e-mail: \_\_\_\_\_

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

**INSTRUCTIONS:** Complete this Application and return it via Fax 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 \$20.00 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 Costumers in the United States with a 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 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 20<sup>th</sup> of each month. For months in which the 20<sup>th</sup> falls on a weekend, the 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 HotHouse 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. THE 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.

<input type="checkbox"/>	<b>Program I (Single Grande HH SOQI Bed + Advanced ERE + E-Power)</b> * Down payment: USD\$ 999 + TAX + Shipping Fee USD\$ 300, with only 60BVP commission will be paid out. * 5 monthly payment: USD \$400 / per monthly, with 28 BVP commission will be paid out by monthly.
<input type="checkbox"/>	<b>Program II (New Grande SOQI Bed Set)</b> * Down payment: USD\$ 1399 + TAX + Shipping Fee USD\$ 350, with only 100BVP commission will be paid out. * 5 monthly payment: USD \$600 / per monthly, with 46 BVP commission will be paid out by monthly.
<input type="checkbox"/>	<b>Program III (Single Grande HH SOQI Bed + 1 FIR pad + 1 FIR Lumber Cushion + 1 Total health formula)</b> * Down payment: USD\$ 900 + TAX + Shipping Fee USD\$ 300, with only 50BVP commission will be paid out. * 5 monthly payment: USD \$340 / per monthly, with 24 BVP commission will be paid out by monthly.

Applicant's Signature: \_\_\_\_\_ (Date) \_\_\_\_\_



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**SOQI BED SET INSTALLMENT  
USA Application Form**

PLEASE PRINT ALL INFORMATION CLEARLY. READ, SIGN, AND DATE THIS APPLICATION. FAX BOTH PAGES  
TO: 626-575-9969 (LA) or 631-454-1601 (NY)

**PERSONAL INFORMATION**

Applicant's Name: \_\_\_\_\_ Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Driver's License Number: \_\_\_\_\_ State: \_\_\_\_\_ Social Security Number: \_\_\_\_/\_\_\_\_/\_\_\_\_

**RESIDENCE INFORMATION**

Current Address:

\_\_\_\_\_  
(Street Address) (City) (State) (Zip Code)

**EMPLOYMENT INFORMATION**

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

Employer's Address:

\_\_\_\_\_  
(Street Address) (City) (State) (Zip Code)

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