



**HSIN TEN ENTERPRISE USA, INC.**

NY OFFICE: 17 Dupont Street, Unit C, Plainview, NY 11803

Tel: 1-631-454-1600 / Fax: 1-626-575-6310

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

Tel: 1-626-575-6300 / Fax: 1-631-454-1601

[www.hteamericas.com](http://www.hteamericas.com)

**SOQI BED SET INSTALLMENT**

**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 \_\_\_\_\_ Phone # (\_\_\_\_) \_\_\_\_\_ Fax: # (\_\_\_\_) \_\_\_\_\_

Credit Card Information:

Type: \_\_\_\_ Master Card \_\_\_\_ Visa \_\_\_\_ AMEX \_\_\_\_ Discover

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

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 to HTE for processing (800-547-1508). The applicant will be notified of his/her acceptance into this program within 3 days.

**GUIDELINES**

- I agree to pay a \$20.00 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 the United States 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 SOQI BED SET 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, 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 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 HotHouse from 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.
  - 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.
  - The product voucher, when participating in the SOQI BED SET, 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.

**Installment Plan**

<p>SUC Express-Package A</p> <ul style="list-style-type: none"> <li>• 30% Down payment=\$1,299.00 + full sales tax on \$4,299.00 (Calculated according to your local sales tax</li> <li>• Five (5) subsequent payments of \$600.00</li> </ul>
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Applicant's Signature: \_\_\_\_\_ (Date) \_\_\_\_\_



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**SOQI BED SET INSTALLMENT  
USA APPLICATION FORM**

PLEASE PRINT ALL INFORMATION CLEARLY. READ, SIGN, DATE THIS APPLICATION AND FAX BOTH PAGES  
TO: **800-547-1508**

**PERSONAL INFORMATION**

Applicant's Name: \_\_\_\_\_ Birth date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ (First) (Middle)  
(Last) (Optional) (Month) (Date) (Year)

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