



# HTE Americas

NY OFFICE: 17 Dupont St Unit C, Plainview , NY 11803  
LA OFFICE: 9460 Telstar Ave, Unit 4, El Monte, CA 91731

# DISTRIBUTOR APPLICATION FORM

Download this Application online at: <http://www.hteamerica.com>

via Fax: NY: (800) 547-1508 / LA: 1-626-575-3969

Questions? Please Call a Customer Service Representative at: NY:(800) 547-1510 / LA:(800) 291-6088

If you would like to register your distributorship under your place of business, the name of your business must go in the section below.

ASSIGNED ID NO.	<b>A</b>
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<b>BUSINESS NAME</b>				EIN NO.:		
<b>APPLICANT</b>	FIRST NAME	MI	LAST NAME	<input type="checkbox"/> COMPANY <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	S.S. NO. : - -	DATE OF BIRTH
<b>SPOUSE</b>	FIRST NAME	MI	LAST NAME		S.S. NO. : - -	DATE OF BIRTH
<b>PHONE FAX &amp; E-MAIL</b>	PHONE		FAX	E-MAIL		

### MAILING ADDRESS

STREET ADDRESS			
CITY	STATE	ZIP	COUNTRY (If foreign)

### SHIPPING ADDRESS (Complete only if different from above)

STREET ADDRESS			
CITY	STATE	ZIP	COUNTRY (If foreign)

<b>Placement Sponsor</b> (Where applicant will be placed)	FIRST NAME	MI	LAST NAME	ID NO. <b>A</b>

The undersigned hereby applies for becoming a Distributor of Hsin Ten Enterprise USA, Inc., (HTE USA) and acknowledges that he/she:

1. Shall abide by and be subject to the terms and conditions of the Distributor Agreement set forth on the back of this Application and the Policies and Procedures of HTE USA which can be found in the Manual and are incorporated herein by reference as they are now or may be amended;
2. Shall be entitled to purchase product from HTE USA, build a sales organization, and enjoy benefits available to all Distributors, in accordance to HTE USA's Distributor Agreement;
3. Understands that a Distributor does not receive any remuneration from sponsoring other Distributor but that any profits or bonuses will be earned only as a result of the sale of the product set forth in the;
4. Must mail the original copy of this form back to HTE USA for processing and filing purposes after filing out this form accurately and completely.
5. The term of this Distributor Agreement shall commence on the Date of Acceptance indicated below and shall terminate upon the Anniversary Date if not renewed or, if not terminated sooner as provided in the Agreement, or upon the mailing of a written termination notice.  
Distributor has received, read, understands, agrees to be bound by the terms, conditions of this Agreement, all documents referred to herein, as such may be amended upon acceptance by the company.

X

\_\_\_\_\_  
Authorized Signature for Distributor Date

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Authorized Signature for HTE USA Date

### FOR OFFICE USE ONLY

INTERNATIONAL SPONSOR
APP. FORM PROCESSED DATE

