HTE USA, Inc.

HSIN TEN ENTERPRISE USA, INC.
NY: 17 Dupont ST., Unit C, Plainview, NY 11803
LA: 9460 Telstar Ave. Suite 4, El Monte, CA 91731
Phone: NY: 1-800-547-1510 / LA: 1-800-291-6088

2 Ways to Process Your Order:

1) Online at: www.hteamericas.com

2) Via Fax*: (800) 547-1508 (NY) / 1-626-575-3969 (LA)

Order Form

Date: / /

For New Applicant

	First Name/ Corp Name	MI	Last Name	Assigned ID No.
Applicant (Distributor) S.S.NO.:	☐ Ms. ☐ Mr. ☐ Corp.			A
Placement Sponsor (Where applicant will be placed)	First Name / Corp Name	MI	Last Name	ID No. A
Original Sponsor (The person referring the applicant)	First Name / Corp Name	MI	Last Name	ID No. A

Order Section

ORDER BY

First Name / Corp Name	MI	Last Name	ID No.
			A

New Item #	BVP	Description	QTY	Unit Price	Amount
A90000D		New Distributor Membership		$24.95	
SS001C2	*45*	Chi Machine		$480.00	
SY010A2	*80*	HotHouse		$899.00	
SY010D2	90	Grande HotHouse		$999.00	
SR002A2	40	Advanced Electro Reflex Energizer		$450.00	
SRE018A2	56	E-Power		$649.00	

* Within the Continental US, freight charge will be calculated as follows: $10.00 for ChiMachine,E-Power, FIR Pad & Adv.ERE ; $15 for HotHouse; $25 for Grande HotHouse; $350.00 for Grande SOQI Bed. Freight may be taxable based on state regulation and Ship to Address. *The Tax rates are based on state regulation and Ship to Address. *Within the USA, for products other than machines, the freight will be charged a minimum of $7.00 or 7% according to the subtotal of the order.
* For tax exempt sales please call customer service.

Subtotal	
Freight*	
Sales Tax**	
Total***	

Ship To ☐ **Do Not Ship, To Be Picked Up**

Name

Street Address

City State Zip

Country / Foreign Country Phone

Order Placed By

Name Contact #

*** HTE will confirm all faxed orders as soon as possible. If a Customer Service Representative does not confirm your faxed order within one hour, please call: 1800-291-6088 (LA) / 1-800-547-1510 (NY)**

☐ **Bill To** ☐ **Remark**

Payment Information

○ **Master Card** ○ **VISA** ○ **AMEX** ○ **Discover**

|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|

Security Code

Card Holder's Name (Please Print)

Expiration Date

Street Address

City State Zip

Phone **Signature**

This section is reserved for office use only.

Rev 02/05/10