

HTE USA. Inc.

Fax Check Payment Authorization Agreement

LA OFFICE: 2028 Santa Anita Ave Unit A, S. El Monte, CA 91733

Tel: 1-800-291-6088 / 626-575-9969



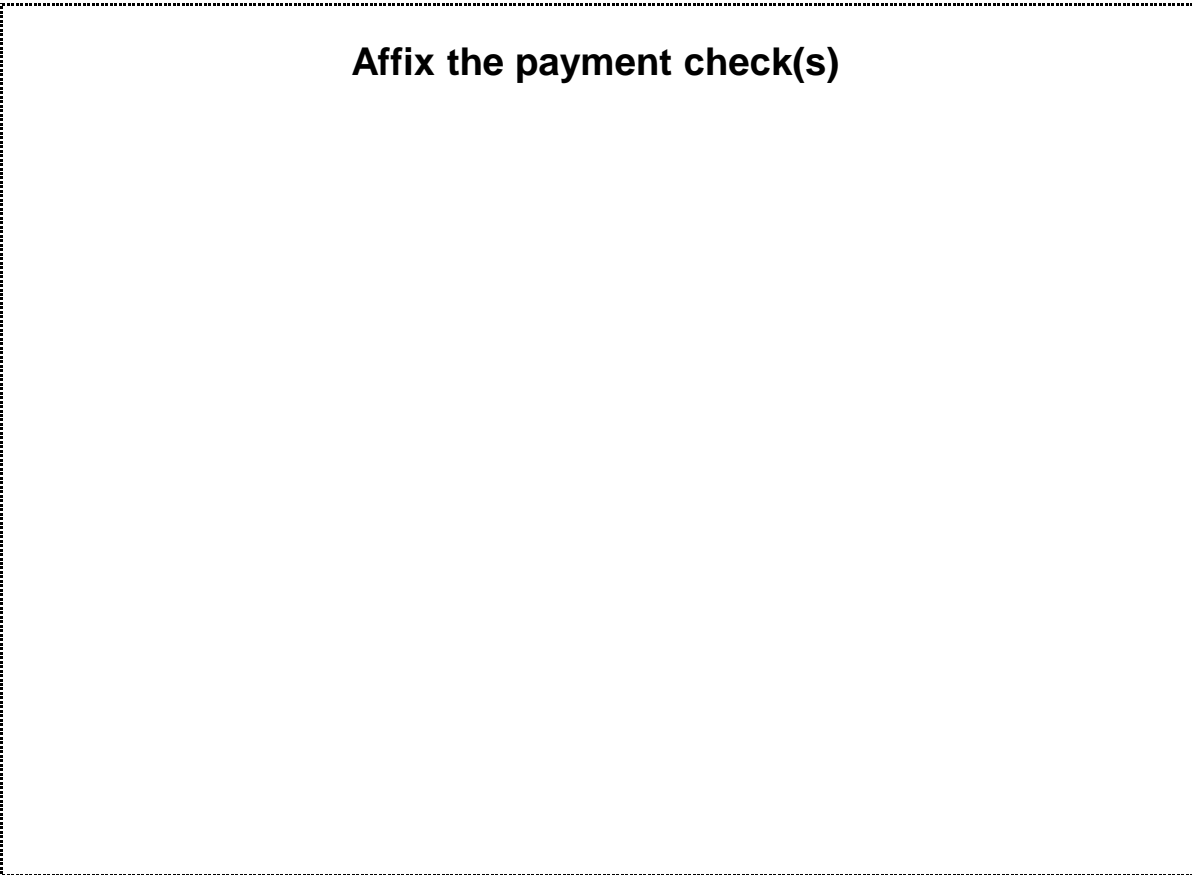
FAX complete form to: (626) 575-3969

To be completed by payer

Name (s) _____		A HTE USA Distributor ID# _____
Date _____	Signature(s) _____	

I (We) hereby authorize and request HSIN TEN ENTEPRISE USA, INC., (hereinafter, HTEUSA) to withdraw amounts owing by me (us). f or the order(s) which I (we) placed and trasmitted and /or for any amounts become due, as indicated on payment check(s) affixed below from my (our) bank or financial institution account(s) named on the check(s), and I (we) authorize and request my (our) bank(s) or fi nancial institution(s) named below to accept debit entries initiated by HTEUSA to such account(s) and to debit the same to account(s) without respon sibility for the correctness.

Note: Money order or cashier's check payment must be mailed in with your order. HTEUSA will not be able to process the order without the original check. On a personal check over \$3,000.00, the order will not be processed until the check is cleared by the bank which will take two weeks. For payment over \$3,000.00, a money order or cashier's check should be used for a faster service. Only US currency will be accepted for payment. If you have faxed in this form, please do not mail in the check, but keep for your record.



Affix the payment check(s)

Questions? Please call a Customer Support Representative at: 626-575-9969(LA)