



HSIN TEN ENTERPRISE CANADA INC.
 o/a HTE Canada
 30 West Beaver Creek Road, Unit 14
 Richmond Hill, Ontario, L4B 3K1
 TEL: 1-866-483-8888 FAX: 1-866-483-8880

DISTRIBUTOR APPLICATION FORM

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PLEASE PRINT

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ASSIGNED ID NO.	A
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APPLICANT

FIRST NAME	MI	LAST NAME	<input type="checkbox"/> COMPANY <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	SIN :	DATE OF BIRTH
				- .	

SPOUSE

FIRST NAME	MI	LAST NAME	SIN :	DATE OF BIRTH
			- .	

PHONE FAX & E-MAIL

PHONE	FAX	E-MAIL

BUSINESS NAME IF APPLICABLE

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MAILING ADDRESS

STREET ADDRESS

CITY	PROVINCE	POSTAL CODE	COUNTRY (If foreign)

SHIPPING ADDRESS (Complete only if different from above)

STREET ADDRESS

CITY	PROVINCE	POSTAL CODE	COUNTRY (If foreign)

Placement Sponsor
 (Where applicant will be placed)

FIRST NAME	MI	LAST NAME
VERONIQUE		DEWILDE

ID NO.
A 240112

The undersigned hereby applies to become a Distributor of Hsin Ten Enterprise Canada Inc. (the Company) 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 the Company which are incorporated herein by reference as they now are or as amended from time to time;
2. Shall be entitled to purchase product from the Company, build a sales organization, and enjoy benefits available to all Distributors, in accordance with the Company's Distributor Agreement;
3. Understands that a Distributor does not receive any remuneration from sponsoring other Distributors but that any profits or bonuses will be earned only as a result of the sale of the product;
4. Must mail the original copy of this form back to the Company for processing and filing purposes after filling out this form accurately and completely.

Distributor has received, read, understands, agrees to be bound by the terms and conditions of this Agreement and all documents

X

Authorized Signature

Date

FOR OFFICE USE ONLY

INTERNATIONAL SPONSOR
APP. FORM PROCESSED DATE