



HSIN TEN ENTERPRISE CANADA, INC.
30 West Beaver Creek Road, Unit 14, Richmond Hill, ON L4B 3K1
Tel: 1-905-763-0888 Fax: 1-905-763-8880
www.hteamerica.com

**SOQI BED SET INSTALLMENT PROGRAM
CANADA APPLICATION FORM**

PLEASE PRINT ALL INFORMATION CLEARLY. READ, SIGN, DATE THIS APPLICATION AND FAX BOTH PAGES
TO: **866-483-8880**

PERSONAL INFORMATION

Applicant's Name: _____ Birthdate: _____ / _____ / _____
(First) (Middle) (Last) (Optional) (Month) (Date) (Year)

Driver's License Number: _____ Province: _____ Social Insurance Number: _____ / _____ / _____

RESIDENCE INFORMATION

Current Address:

(Street Address) (City) (Province) (Postal code)

EMPLOYMENT INFORMATION

Current Employer Name: _____ Employer Phone: (____) _____ - _____

Employer's Address:

(Street Address) (City) (Province) (Postal code)

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



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I would like to enroll in HTE's SOQI BED SET Installment Program. 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

Credit Card #: _____ Expiration Date: _____

Card Holder's Name: _____

Street Address: _____

City: _____ Province: _____ Postal Code: _____

Country: _____

Phone No: (____) _____ Fax: (____) _____ e-mail: _____

Signature: _____

INSTRUCTIONS: Complete this Application Form and return it via Fax to HTE for processing (866-483-8880). The applicant will be notified of his/her acceptance into this program within 3 days.

GUIDELINES

- I agree to pay a \$35.00 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 Canada 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 program package 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, or American Express).
- Credit card deductions for Installment Payments will be made on the 20th 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 will no longer be able to pay through installments and must immediately pay the remaining balance on the package.
- Returns made on SOQI Bed Set within the 14-day trial period will be refunded upon HTE's receipt of all items. Customer agrees to pay for the freight charges of the return and a \$500.00 restocking fee.
- 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.
- A penalty will be issued in the event the installment plan is discontinued.
- Limited to one Installment Plan per individual.
- *Free Chi Machine will be shipped out after installments have been completed. (Only applicable if this promotion is available)
- HTE reserves the right to amend or change the terms and conditions of this program at any time, without prior notice.

Installment Plan

6 Monthly Payments with 0% Interest

Please check with office for detail.

12 Monthly Payments with 8.81% Interest

Please check with office for detail.

Applicant's Signature: _____

Date: _____