



HSIN TEN ENTERPRISE CANADA, INC.
 30 West Beaver Creek Road, Unit 10, Richmond Hill, ON L4B 3K1
 Tel: 1-905-763-0888 Fax: 1-905-763-8880
 www.htecanada.com

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

I would like to enroll in HTE's NEW GRANDE 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 New Grande 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 Grande HotHouse will no longer be able to pay through installments and must immediately pay the remaining balance on the other two Grande HotHouses plus The Chi Machine.
- Returns made on the New Grande SOQI Bed Set within the 14-day trial period will be refunded upon HTE's receipt of all items plus a 30% 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 E-Power, FIR Pad & Power Eyes 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 8.81% Interest

- Down payment = \$1,697.03 (CAD) payment + full sales tax on \$5,199.00 (CAD) (calculated according to your local sales tax). (35 BVP) + 180 extra BVP
- Five (5) subsequent payments of \$792.00 (CAD) (33 BVP)

12 Monthly Payments with 8.81% Interest

- Down payment = \$1,697.03 (CAD) payment + full sales tax on \$5,199.00 (CAD) (calculated according to your local sales tax). (35 BVP) + 180 extra BVP
- Eleven (11) subsequent payments of \$360.00 (CAD) (15 BVP)

Applicant's Signature: _____

Date: _____



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**NEW GRANDE SOQI BED SET INSTALLMENT PROGRAM CANADA APPLICATION FORM
PROGRAMME DE PAIEMENTS ÉCHELONNÉS- NOUVEL ENSEMBLE GRAND LIT SOQI
FORMULAIRE DE DEMANDE - CANADA**

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

VEUILLEZ ÉCRIRE LISIBLEMENT, LIRE, SIGNER ET DATER CE FORMULAIRE ET TÉLÉCOPIER
LES DEUX PAGES AU: **866-483-8880**

PERSONAL INFORMATION / RENSEIGNEMENTS PERSONNELS

(Month/Mois) / (Date) / (Year/Année)

Applicant's Name: _____ Birthdate: ____/____/____
Nom du requérant: (First / Prénom) (Middle / Initiales) (Last / Nom) Date de naissance: (Optional / Optionnel)
Driver's License Number: _____ Province: _____ Social Insurance Number: ____/____/____
Numéro du permis de conduire: _____ Numéro d'assurance sociale: _____

RESIDENCE INFORMATION / ADRESSE POSTALE

Current Address / Adresse actuelle:

(Street Address / Adresse municipale) (City / Ville) (Province) (Postal code / Code postal)

EMPLOYMENT INFORMATION / RENSEIGNEMENTS SUR L'EMPLOI

Current Employer Name: _____ Employer Phone: (____) _____ - _____
Nom de l'employeur actuel: _____ Téléphone de l'employeur: _____

Employer's Address / Adresse de l'employeur:

(Street Address / Adresse postale) (City / Ville) (Province) (Postal code / Code postal)

Position: _____ Annual Income \$: _____ Phone(____) _____ - _____
Poste: _____ Revenu annuel: _____ Téléphone: _____

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.

Par la présente, j'autorise General Data Services à faire appel à n'importe quelle agence de renseignements sur le consommateur, agence d'évaluation du crédit ou agence d'enquête pour confirmer les renseignements contenus dans ce document, en ce qui a trait à mon emploi, ma solvabilité, mes locations antérieures, mon caractère et pour obtenir un rapport de solvabilité et vérifier les références bancaires ainsi que pour divulguer de tels renseignements au propriétaire/ à l'agent ou au représentant en ce qui a trait à cette demande. J'ai complété cette demande et reconnais que l'exactitude de ces renseignements est essentielle.

APPLICANT'S SIGNATURE / SIGNATURE REQUÉRANT

DATE



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**NEW SINGLE GRANDE HOTHOUSE SOQI BED SET INSTALLMENT PROGRAM
CANADA APPLICATION FORM**

I would like to enroll in HTE’s NEW SINGLE GRANDE HOTHOUSE 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 New Single Grande HotHouse 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 the Advanced ERE will no longer be able to pay through installments and must immediately pay the remaining balance on the Grande HotHouses plus The Chi Machine.
- Returns made on the New Single Grande HotHouse SOQI Bed Set within the 14-day trial period will be refunded upon HTE’s receipt of all items plus a 30% 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 E-Power, FIR Pad & Power Eyes 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 8.81% Interest

- Down payment = \$1,210.00 (CAD) payment + full sales tax on \$3,700.00 (CAD) (calculated according to your local sales tax). (29 BVP) + 46 extra BVP
- Five (5) subsequent payments of \$563.00 (CAD) (27 BVP)

Applicant’s Signature: _____

Date: _____



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PERSONAL INFORMATION / RENSEIGNEMENTS PERSONNELS

(Month/Mois) / (Date) / (Year/Année)

Applicant's Name: _____ Birthdate: ____/____/____
Nom du requérant: (First / Prénom) (Middle / Initiales) (Last / Nom) Date de naissance: (Optional / Optionnel)
Driver's License Number: _____ Province: _____ Social Insurance Number: ____/____/____
Numéro du permis de conduire: _____ Numéro d'assurance sociale: _____

RESIDENCE INFORMATION / ADRESSE POSTALE

Current Address / Adresse actuelle:

(Street Address / Adresse municipale) (City / Ville) (Province) (Postal code / Code postal)

EMPLOYMENT INFORMATION / RENSEIGNEMENTS SUR L'EMPLOI

Current Employer Name: _____ Employer Phone: (____) _____ - _____
Nom de l'employeur actuel: _____ Téléphone de l'employeur: _____

Employer's Address / Adresse de l'employeur:

(Street Address / Adresse postale) (City / Ville) (Province) (Postal code / Code postal)

Position: _____ Annual Income \$: _____ Phone(____) _____ - _____
Poste: _____ Revenu annuel: _____ Téléphone: _____

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Par la présente, j'autorise General Data Services à faire appel à n'importe quelle agence de renseignements sur le consommateur, agence d'évaluation du crédit ou agence d'enquête pour confirmer les renseignements contenus dans ce document, en ce qui a trait à mon emploi, ma solvabilité, mes locations antérieures, mon caractère et pour obtenir un rapport de solvabilité et vérifier les références bancaires ainsi que pour divulguer de tels renseignements au propriétaire/ à l'agent ou au représentant en ce qui a trait à cette demande. J'ai complété cette demande et reconnais que l'exactitude de ces renseignements est essentielle.

APPLICANT'S SIGNATURE / SIGNATURE REQUÉRANT

DATE