








Distributor Sponsored Meeting (DSM) Order Form (Only for MAC level and up)

Host of DSM _____ Date: _____ Valid until: _____

Conditions:

1. Order must be submitted by fax to HTE Canada Office within 3 days of scheduled DSM. HTE reserves the right to cancel this order if any previous order is returned due to this special offer.
2. If subtotal in this order form is less than \$450, S/H charge will be 7% of subtotal with a minimum of \$10. If subtotal in this order form is over \$450, S/H is FREE.
3. FREE Shipping and Handling on all machines orders only.
4. For new recruit, please attach Application Form together with this DSM order form.

Please write down your quantity in the square provided below. Thank you.

<input type="checkbox"/> Qty	 FIR PAD \$200 (11 BVP) Original Price: \$299, 16 BVP	<input type="checkbox"/> Qty	 Power Eyes \$139 (7 BVP + 6 extra BVP) Original Price: \$229, 13 BVP
<input type="checkbox"/> Qty	 Facial Mask Box \$39 (1 BVP + 2 extra BVP) Original Price: \$69, 3 BVP	<input type="checkbox"/> Qty	 FIR Lumbar Cushion \$109 (6 BVP + 3 extra BVP) Original Price: \$159, 9 BVP
<input type="checkbox"/> Qty	 Advanced ERE Pad \$60 (4 pairs) (2 BVP) Original Price: \$120, 4 BVP	<input type="checkbox"/> Qty	 FIR Waist Support Belt \$95 (5 BVP + 4 extra BVP) Original Price: \$149, 9 BVP <input type="checkbox"/> Small 23-27 inches <input type="checkbox"/> Medium 28-32 inches <input type="checkbox"/> Large 33-37 inches <input type="checkbox"/> XL 38-43 inches <input type="checkbox"/> XXL 44-52 inches
<input type="checkbox"/> Qty	 Palm Massager \$33 (1 BVP + 1 extra BVP) Original Price: \$44.99, 2 BVP		

For Recruitment Application Form and order form attached

Order Section for Distributors

First Name	Last Name	ID No.
------------	-----------	--------

Description	Amount
	Subtotal
	Freight
	Sales Tax
	Total

Ship To

Name		
Street Address		
City	Province	Postal Code
Country	Phone	

Payment Information

<input type="radio"/> Master Card <input type="radio"/> VISA <input type="radio"/> AMEX		

Card Holder's Name		Expiry date _____
Street Address		
City	Province	Postal Code



HTE CANADA INC., 30 West Beaver Creek Rd, Unit 10, Richmond Hill, ON, L4B3K1
 Tel: 1-866-483-8888 - Fax: 1-866-483-8880 - www.htecanada.com - www.htecanada.ca

Jan 4, 2011