## HTE USA, Inc.

17578 Rowland ST, City of Industry, CA 91748
Phone: NY: 1-800-547-1510 / LA: 1-800-291-6088

### Print, Complete Order,1) mail to Joni,Lund, 1295 1\* ST S,

Carrington, ND 58421-1905 or mail/fax to HTE. Make check payable to: HSIN Ten Enterprise USA, Inc.

Or 2) Via Fax NY Office: (800) 547-1508 or

Via Fax LA Office: 1-626-575-3969

#### Order Form

Date: / /

Applicant (Distributor) S.S.NO.:  Placement Sponsor (Where applicant will be placed)		First Name / Corp Name  MI Last Name  Last Name				A D No.
Original Sp (The person referring		First Name / Corp Name  Towi	MI Last Name	iNd	60	A <b>2545/3</b> A <b>2545/</b> 3
Order Sect	ion Post Nac	IV MI MI	Last Name			D Ns.
New	BVP	Description		QTY	Unit Price	Amount
A90000D		New Distributor Membership			\$24.	.95
SS001C2	45	Chi Machine			\$480.	.00
SY010A2	80	HotHouse			\$899.	.00
SY010D2	90	Grande HotHouse			\$999.	00
SR002A2	40	Advanced Electro Reflex Energizer			\$450.	
SRE018A2	56	E-Power			\$649.	
15 for HotHouse; gulation and Ship	thin the Continental US, freight charge will be calculated as follows: \$10.00 for ChiMachis for HotHouse; \$25 for Grande HotHouse; \$350.00 for Grande SOQI Bed. Freight may triation and Ship to Address. "The Tax rates are based on state regulation and Ship to Adultics other than machines, the freight will be charged a minimum of \$7.00 or 7% according		y be taxable based on state		Subtotal Freight*	
oducts other than	ment moo, are	reight will be charned a minimum of \$7.00 or 7% accord			Sales Tay**	
	es please call o				Sales Tax** Total***	
roducts other than For tax exempt sale hip To			ding to the subtotal of the order.	Remark	Sales Tax** Total***	
For tax exempt sale		ustomer service.	ding to the subtotal of the order.	Remark	Total***	O Discover
For tax exempt sale		ustomer service.	Bill To  Payment Information	○ VISA	Total***	O Discover
reet Address	□ De	Not Ship, To Be Picked Up	Bill To  Payment Information  Master Card	O VISA Securi	Total***	O Discover
For tax exempt sale	□ De	Not Ship, To Be Picked Up  State Zip	Payment Information  O Master Card  LIII  Card Holder's Name (Please Print)	O VISA Securi	Total***	Discover
rip To reet Address	□ De	Not Ship, To Be Picked Up  State Zip	Payment Information  O Master Card  LIII  Card Holder's Name (Please Print)	O VISA Securi	Total***	○ Discover



# FaxCheck Payment Authorization Agreement

NY OFFICE: 7 Dupont St Unit C, Plainview , NY 11803

LA OFFICE: 17578 Rowland ST, City of Industry, CA 91748 Tel: 631-454-1600/626-575-6300 Fax: 631-454-1601/626-575-6310

Fax completed form to: (800) 547-1508

	A
	HTE USA Distributor ID#
Signature(s)	

I (We) hereby authorize and request HSIN TEN ENTERPRISE USA, INC., (hereinafter, HTEUSA) to withdraw amounts owing by me (us), for the order(s) which I (we) placed and transmitted 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 financial institution(s) named below to accept debit entries initiated by HTEUSA to such account(s) and to debit the same to such account(s) without responsibility 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 original check, but keep for your record.

Affix the payment check(s)					

Questions? Please call a Customer Support Representative at: 631-454-1600 OR 626-575-6310

Rev. 09/01/03

HTE: The Distributer whom gets credit for this order or signing up a new distributor is: JONI LUND, # A254513.

17 Dupont Street Unit #C, Plainview NY 11803 Tel: (631) 454-1600 Fax: (631) 454-1601 www.hteamericas.com

#### Credit Card Authorization Form

			Date:
□ Visa	☐ Mastercard	☐ American Express	□ Discover
Name of Cardho	older:		
Card No:			
SIC Code:	Exp. Date:	Charge Amount:	\$US Dollars
I,		, author	ize Hsin Ten
	(Print Name)		
Enterprise USA to charge \$		to my credit card.	
Signature:	14 17 (1967) - 17 (1967)		
H T E Return Pol	icv:		

H T E USA offers a fourteen (14) day, one hundred percent (100%) money-back, guarantee for all product purchases. If the distributor is dissatisfied with any H T E USA product for any reason, the distributor may return that product in sellable condition in its original package and shipping container to H T E within fourteen (14) days of purchase. Prior to the 14<sup>th</sup> day, the distributor must request an authorization number for replacement or full refund of the purchase price at the distributor's discretion. All parts and promotion items need to be returned, along with machines being in placed in original box and in reselling condition. If these requirements are not met, a 15% restocking fee will be charged.