



# HSIN TEN ENTERPRISE USA, INC.

NY OFFICE: 25 S. Service Road Suite#220 Jericho, NY 11753 / Tel: 631-454-1600 / Fax: 631-454-1601

LA OFFICE: 17578 Rowland St. City of Industry, CA 91748 / Tel: 626-575-9969 / Fax: 626-575-3969

www.hteamericas.com

## Grande SOQI Bed Lease to Own Program USA Application Form

I would like to enroll in HTE's SOQI BED leasing 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** \_\_\_ **Discover**

Credit Card #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ CVC: \_\_\_\_\_

Card Holder's Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

County: \_\_\_\_\_

Phone No: (\_\_\_\_) \_\_\_\_\_ FAX: (\_\_\_\_) \_\_\_\_\_ e-mail: \_\_\_\_\_

Signature: \_\_\_\_\_

**INSTRUCTIONS:** Complete this Application Form and return it via Fax to HTE for processing. The applicant will be notified of his/her acceptance into this program within 3 business days.

### TERMS AND CONDITIONS

- I AGREE TO PAY a **\$35.00** Application Processing Fee and allow HTE to charge the credit card indicated above for this amount.
- This program is available to new distributors in the United States (excluding Hawaii, Alaska, and Puerto Rico) with minimum FICO credit score of 600.
- All BVP will be awarded in the month when the initial down payment is made. Commissions will be paid out at a percentage rate proportionately equal to the percentage rate of payments.
- The lessee of the SOQI BED SET will be immediately promoted to Supervisor upon completion of the down payment.
- Supervisor status will revert to Distributor status if customer makes a return or does not complete the leasing program.
- Payment methods are by credit card (Visa, Master Card, Discover, or American Express).
- Credit card deductions for lease payments will be made on the 20<sup>th</sup> of each month. For months in which the 20th falls on the weekend, credit card deductions will be made the following Monday.
- The lessee of the Grande SOQI Bed is legally responsible and required to complete all payments (i.e. the down payment and the monthly payments). No product return will be accepted once the lessee has agreed to the lease contract. Hsin Ten Enterprise USA, Inc. reserves the right to take legal action against the lessee if there shall be any breach of the lease contract, especially incomplete monthly payments.
- The lessee is responsible for sending the Grande SOQI Bed back to Hsin Ten Enterprise USA, Inc at the end of the lease unless the last payment of \$1420 (plus sales tax) is made. Hsin Ten Enterprise USA, Inc reserves the right to take legal action against the lessee if the lessee fails to send the Grande SOQI Bed back to Hsin Ten Enterprise USA, Inc. at the end of the lease contract. The lessee must send the Grande SOQI Bed back to Hsin Ten Enterprise USA, Inc. within 30 days after the lease has ended.
- Limited to one leasing plan per individual.
- HTE reserves the right to amend or change the terms and conditions of this program at any time, without prior notice.

### SOQI Bed Leasing Program

#### I. Grande SOQI Bed

A. **Down Payment: \$1500** (plus tax and \$250 shipping charge) with 90 BVP

B. **Monthly Payment: \$180** /per month with 10 BVP x 11 months

#### C. **The Last Payment:**

a. **Buy it: \$1420** (plus tax) with 182 BVP. **OR,**

b. **Return:** return shipping fee \$350\*

Applicant's Signature: \_\_\_\_\_ (Date) \_\_\_\_\_



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## Grande SOQI Bed Lease to Own Program USA Application Form

PLEASE PRINT ALL INFORMATION CLEARLY. READ, SIGN, DATE THIS APPLICATION AND FAX BOTH PAGES TO:  
**626-575-3969 (Los Angeles) or 631-454-1601 (New York)**

### PERSONAL INFORMATION

Applicant's Name: \_\_\_\_\_ Birth date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Driver's License Number: \_\_\_\_\_ State: \_\_\_\_\_ Social Security Number: \_\_\_\_/\_\_\_\_/\_\_\_\_

### RESIDENCE INFORMATION

Current Address:

\_\_\_\_\_  
 (Street Address) (City) (State) (Zip) (Apt. #)

### EMPLOYMENT INFORMATION

Current Employer Name: \_\_\_\_\_ Employer Phone :( ) \_\_\_\_\_ - \_\_\_\_\_

Employer's Address:

\_\_\_\_\_  
 (Street Address) (City) (State) (Zip) (Suite. #)

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