



CUSTOM ORDER FORM

Company Name _____ Tel# _____ Quantity: _____

Client Name: _____ email: _____

Street Address/(Apt./Ste#): _____ /

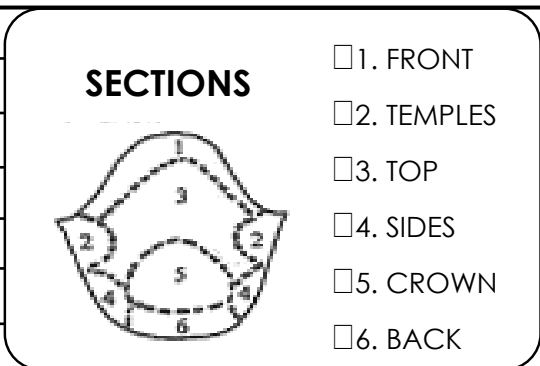
City/State/Zip: _____ Date: _____

Hair Length <input type="text"/> _____ inches	
Hair Color <input type="text"/> _____ #Color	
Density _____ <input type="checkbox"/> Light <input type="checkbox"/> Medium (Recommended) <input type="checkbox"/> Medium Heavy <input type="checkbox"/> Heavy	
Hair Style	Part
<input type="checkbox"/> Crown	<input type="checkbox"/> Left
<input type="checkbox"/> Left	<input type="checkbox"/> Right
<input type="checkbox"/> Right	<input type="checkbox"/> No Part
<input type="checkbox"/> Center	
<input type="checkbox"/> Free Style	

Type of Remy Hair <input type="checkbox"/> Chinese Hair _____ % <input type="checkbox"/> Indian Hair _____ % <input type="checkbox"/> Yaki Hair _____ % <input type="checkbox"/> European Hair _____ %
Client Will Offer Sample
Knot Bleached Knot <input type="checkbox"/> Yes <input type="checkbox"/> No Note: Bleached knot can only be used on the front hair line nape
Highlight <input type="text"/> _____ #Color
Width <input type="checkbox"/> 1/8 <input type="checkbox"/> 1/4 <input type="checkbox"/> 1/2

Texture <input type="checkbox"/> Straight <input type="checkbox"/> 40mm <input type="checkbox"/> Body Wave <input type="checkbox"/> 30mm <input type="checkbox"/> Deep Wave <input type="checkbox"/> 25mm <input type="checkbox"/> Loose Curl <input type="checkbox"/> 15mm <input type="checkbox"/> Tight Curl <input type="checkbox"/> 10mm
Baby Hair <input type="checkbox"/> Yes <input type="checkbox"/> No Usual Curl Other mm
Perimeter Material <input type="checkbox"/> Thin Skin <input type="checkbox"/> French Lace <input type="checkbox"/> Swiss Lace <input type="checkbox"/> Front ONLY <input type="checkbox"/> All Around

Measurement Of Head Size (1/4 inch increments)
1 Circumference = _____
2 Front To Nape = _____
3 Ear To Ear Across Forehead = _____
4 Ear To Ear Over Top = _____
5 Temple To Temple Round Back = _____
6 Nape Of Neck = _____



Referred by: _____

Payment Plan: Yes No
 _____ 1/2 Deposit Pay in full

Special Instructions

Base Materials <input type="checkbox"/> Fine Welded Lace Cap <input type="checkbox"/> Fine Stretch Lace Cap <input type="checkbox"/> Full Thin Skin
Base Color <input type="checkbox"/> Flesh Tone <input type="checkbox"/> Tinted