

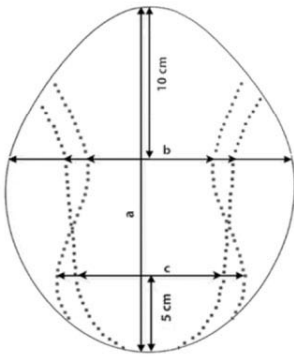
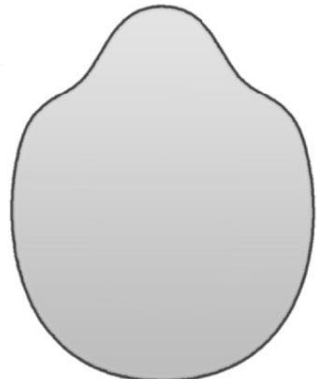
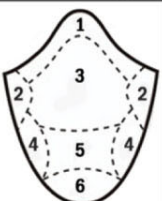
NewHairLine Hair System Duplication Form

Client Information

Client: _____ Phone #: _____ Email: _____
 Address: _____

Purchase Order No.: _____ Quantity: _____ Speed Rush Date: _____

Additional Information: _____

Type of Hair	Base Size	Contour	Model Base Construction
<input type="checkbox"/> Indian Hair _____ % <input type="checkbox"/> Chinese Remy Hair _____ % <input type="checkbox"/> Synthetic _____ % <input type="checkbox"/> Grey <input type="checkbox"/> Synthetic <input type="checkbox"/> Human Hair <input type="checkbox"/> Yak Hair <input type="checkbox"/> Supply Hair _____ oz.	<input type="checkbox"/> Follow Mold <input type="checkbox"/> Follow Unit enclosed <input type="checkbox"/> Follow Shape and Dimensions below a. _____ b. _____ c. _____ 	<input type="checkbox"/> Follow Mold <input type="checkbox"/> Follow Unit enclosed Follow Contour Guide <input type="checkbox"/> 52cm <input type="checkbox"/> 54cm <input type="checkbox"/> 56cm <input type="checkbox"/> 58cm <input type="checkbox"/> 60cm Bleach Knots <input type="checkbox"/> Front only <input type="checkbox"/> Front & Break only <input type="checkbox"/> All Lace Ventilation <input type="checkbox"/> Standard <input type="checkbox"/> Single hair implant <input type="checkbox"/> Single hair in front only <input type="checkbox"/> Lay flat on sides & back	<input type="checkbox"/> Model No: _____ <input type="checkbox"/> Follow Mold <input type="checkbox"/> Follow Unit enclosed <input type="checkbox"/> Other base design see below 
Finished Hair Length <input type="checkbox"/> Front _____ In. <input type="checkbox"/> Top/Crown _____ In. <input type="checkbox"/> Temples _____ In. <input type="checkbox"/> Sides _____ In. <input type="checkbox"/> Back _____ In.	Section 	Frontal Design <input type="checkbox"/> Follow Mold <input type="checkbox"/> Follow Unit enclosed Follow Frontal Design Guide <input type="checkbox"/> BH1 <input type="checkbox"/> BH2 <input type="checkbox"/> BH3 <input type="checkbox"/> BH4 <input type="checkbox"/> BH5 <input type="checkbox"/> BH6	Under-Vent <input type="checkbox"/> Front <input type="checkbox"/> Entire Perimeter <input type="checkbox"/> Back & Sides ☆ Density: <input type="checkbox"/> Lt. <input type="checkbox"/> Med. Lt. <input type="checkbox"/> Med. <input type="checkbox"/> Heavy

Styles No Crown

Part Left
 Part Right
 Part Center
 Break Left
 Break Right
 Break Center
 Brush Back
 Overall Curly
 Brush Forward
 Freestyle

Wave/Curl Pattern									Density				
	A Afro 3mm	B Md.Afro 6mm	C Tgt.Curl 10mm	D Md.Curl 13mm	E Lt.Wave 19mm	F Lt.Mvmt 25mm	G Std.Mvmt 38mm	H Very St.	Extra Lt.	Light	Med.Lt	Medium	Heavy
Front													
T./C.													
Sides													
Back													

Color Percentage Specifications							Highlight				
	Front	Top	Crown	Temples	Sides	Back	Size	Color Sample	Color Sample	Color Sample	
(A)							Front	Distance	Square	Circle	Checkerboard
(B)							Top				
(C)							Crown				
(D)							Temples				
							Sides				
							Back				
Total Percent (%)	100%	100%	100%	100%	100%	100%					

Color Ring Name:

Color like sample enclosed No red tone, Ash only
 Color like unit enclosed No Grey

REMINDER:

Dont forget to include your template, hair sample(s), & order form. Send all items to the address listed below.

MAIL TO:

Address: Room 1115,
Shi Dai Square, NO.52,
HongKong Middle Road,
Shi Nan District, Qingdao City, China.

Special Instructions: