

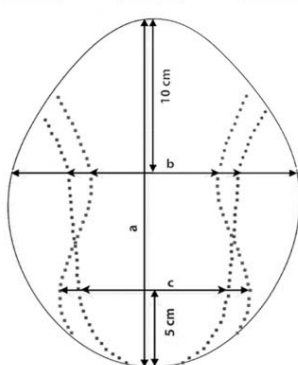
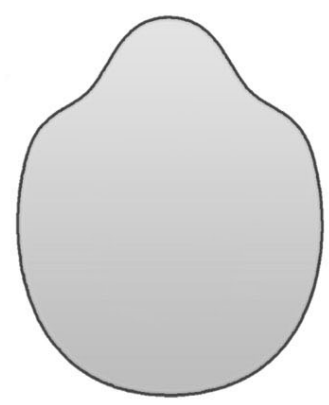
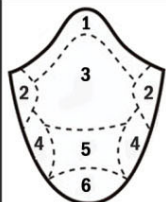
# Newhairline Hair System Order Form

**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  <b>Bleach Knots</b>  <input type="checkbox"/> Front only <input type="checkbox"/> Front & Break only <input type="checkbox"/> All Lace  <b>Ventilation</b>  <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  
<b>Finished Hair Length</b>			
<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.			
<b>Section</b>	<b>Frontal Design</b>	<b>Under-Vent</b>	
	<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	<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	<input type="checkbox"/> Natural hair line in front <input type="checkbox"/> Bring density to front edge <input type="checkbox"/> # _____ Scallop <input type="checkbox"/> Comb Clips <input type="checkbox"/> Mini ( ) <input type="checkbox"/> Medium ( ) <input type="checkbox"/> Large ( )

**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 St.Mvmt 38mm	H Very St.	Extra Lt.	Light	Med.Lt	Medium	Heavy
Front													
T./C.													
Sides													
Back													
☆ Part/Break Triangle Front Edge _____													

Color Percentage Specifications							Highlight				
	Front	Top	Crown	Temples	Sides	Back	Size	Distance	Square	Circle	Checkerboard
(A)							Front				
(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: