

NewHairLine Repair Order Form

www.newhairline.com 1-800-4-A-HAIR-UNIT

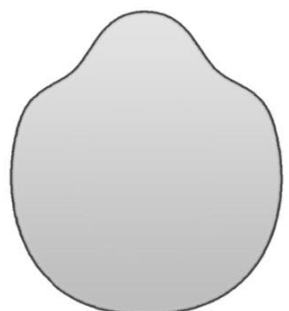
Client Information

Client: _____ Phone #: _____ Email: _____

Address: _____

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

Additional Information: _____

<input type="checkbox"/> Area(s) Needing Hair	<input type="checkbox"/> Add Hair Length	<input type="checkbox"/> Replace New Front
<input type="checkbox"/> Front <input type="checkbox"/> Top <input type="checkbox"/> Crown <input type="checkbox"/> Temples <input type="checkbox"/> Sides <input type="checkbox"/> Back <input type="checkbox"/> Part/Break Area <input type="checkbox"/> Part/Break Triangle Front Edge <input type="checkbox"/> Perimeter <input type="checkbox"/> Add hair where needed, finished density _____ %	Area(s) : <input type="checkbox"/> Front <input type="checkbox"/> Top <input type="checkbox"/> Crown <input type="checkbox"/> Temples <input type="checkbox"/> Sides <input type="checkbox"/> Back <input type="checkbox"/> Break Area <input type="checkbox"/> Perimeter <input type="checkbox"/> Add hair length to _____ inches	<input type="checkbox"/> New front same with old unit <input type="checkbox"/> New front design see below <div style="text-align: center;">  </div> <input type="checkbox"/> Natural hair line in front <input type="checkbox"/> Bring density to front edge <input type="checkbox"/> # Scallop
<input type="checkbox"/> Add Grey Hair	<input type="checkbox"/> Repair Base	
<input type="checkbox"/> Will be added to maintain current % of the hairpiece <input type="checkbox"/> Additional grey _____ %	<input type="checkbox"/> Recoat PU <input type="checkbox"/> Repair torn base	

Type of Hair	Finished Hair Length	Section
<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"/> Same Unit <input type="checkbox"/> Front _____ inches <input type="checkbox"/> Top/Crown _____ inches <input type="checkbox"/> Temples _____ inches <input type="checkbox"/> Sides _____ inches <input type="checkbox"/> Back _____ inches	1 Front 2 Temples 3 Top 4 Sides 5 Crown 6 Back <div style="text-align: center;">  </div>

Styles

<input type="checkbox"/> Part Left	<input type="checkbox"/> Part Right	<input type="checkbox"/> Part Center	<input type="checkbox"/> Break Left	<input type="checkbox"/> Break Right	<input type="checkbox"/> Break Center	<input type="checkbox"/> Brush Back	<input type="checkbox"/> Overall Curly	<input type="checkbox"/> Brush Forward	<input type="checkbox"/> Freestyle
Wave/Curl Pattern <input type="checkbox"/> Same Unit <input type="checkbox"/> Same Sample <input type="checkbox"/> Special Instruction: _____									
Color Percentage Specifications <input type="checkbox"/> Like Unit <input type="checkbox"/> Like Sample <input type="checkbox"/> Special Instruction: _____									
Density <input type="checkbox"/> Same Unit <input type="checkbox"/> Extra Light <input type="checkbox"/> Light <input type="checkbox"/> Medium Light <input type="checkbox"/> Medium <input type="checkbox"/> Heavy <input type="checkbox"/> Part/Break Density: _____ <input type="checkbox"/> Part/Break Triangle Front Edge: _____ <input type="checkbox"/> Special Instruction: _____									

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: