

Best Hair System Custom Order Form

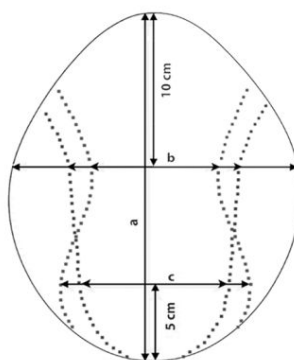
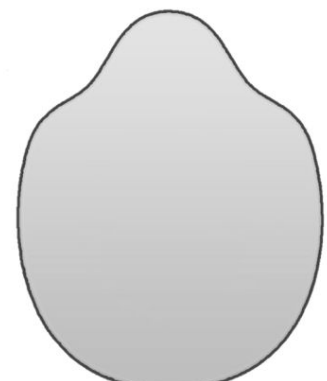
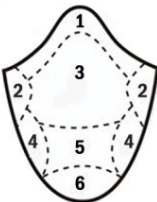
Client Information

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 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  1 Front 2 Temples 3 Top 4 Sides 5 Crown 6 Back	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

<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
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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				
Total Percent (%)	100%	100%	100%	100%	100%	100%	Back				

Color Ring Name: _____

<input type="checkbox"/> Color like sample enclosed	<input type="checkbox"/> No red tone, Ash only
<input type="checkbox"/> Color like unit enclosed	<input type="checkbox"/> No Grey

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BILLING INFORMATION

CARD TYPE: Visa Mastercard Amex Discover

Full Name:

Billing Street: City: State: Zip:

CC Number:

Expiration: Verification Code (3 Digit):

REMINDER:

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

MAIL TO:

Best Hair Systems

9830 6th Street Suite #102

Rancho Cucamonga, CA 91730

Special Instructions: