

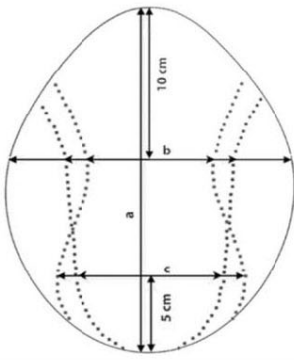
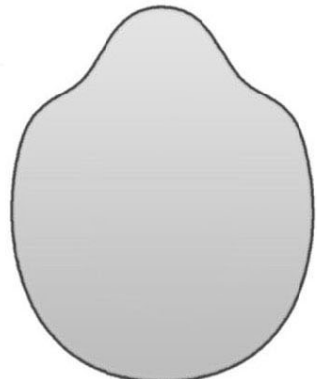
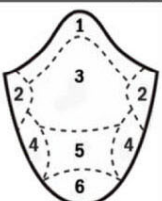
HairBro Hair System Duplication Form

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 <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 Stt.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	Color Sample _____	Color Sample _____	Color Sample _____	
							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: