

# HairBro Repair Order Form

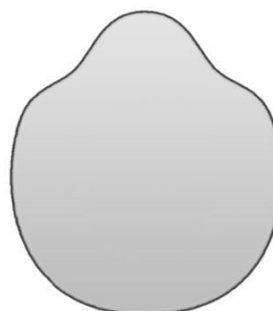
HAIRBRO.COM • TEL: 416-291-0100

## 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    <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  

## 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:**