

# HairBro Repair Order Form

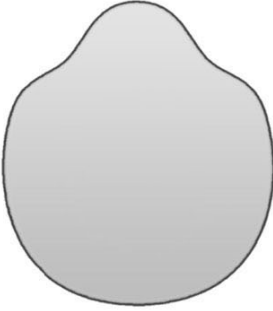
HAIRBRO.COM • TEL: 416-291-0100

## 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<br><input type="checkbox"/> Temples <input type="checkbox"/> Sides <input type="checkbox"/> Back<br><input type="checkbox"/> Part/Break Area<br><input type="checkbox"/> Part/Break Triangle Front Edge<br><input type="checkbox"/> Perimeter<br><input type="checkbox"/> Add hair where needed, finished density _____ % | Area(s) :<br><br><input type="checkbox"/> Front <input type="checkbox"/> Top <input type="checkbox"/> Crown<br><input type="checkbox"/> Temples <input type="checkbox"/> Sides <input type="checkbox"/> Back<br><input type="checkbox"/> Break Area<br><input type="checkbox"/> Perimeter<br><input type="checkbox"/> Add hair length to _____ inches | <input type="checkbox"/> New front same with old unit<br><input type="checkbox"/> New front design see below<br><br><div style="text-align: center;">  </div> <input type="checkbox"/> Natural hair line in front<br><input type="checkbox"/> Bring density to front edge<br><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<br><input type="checkbox"/> Additional grey _____ %  | <input type="checkbox"/> Recoat PU<br><input type="checkbox"/> Repair torn base   |   |

| Type of Hair  | Finished Hair Length   | Section   |
|---|--|---|
| <input type="checkbox"/> Indian Hair _____ %<br><input type="checkbox"/> Chinese Remy Hair _____ %<br><input type="checkbox"/> Synthetic _____ %<br><br><input type="checkbox"/> Grey<br><input type="checkbox"/> Synthetic<br><input type="checkbox"/> Human Hair<br><input type="checkbox"/> Yak Hair | <input type="checkbox"/> Same Unit<br><input type="checkbox"/> Front _____ inches<br><input type="checkbox"/> Top/Crown _____ inches<br><input type="checkbox"/> Temples _____ inches<br><input type="checkbox"/> Sides _____ inches<br><input type="checkbox"/> Back _____ inches | 1 Front<br>2 Temples<br>3 Top<br>4 Sides<br>5 Crown<br>6 Back<br><br><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<br><input type="checkbox"/> Same Sample<br><input type="checkbox"/> Special Instruction: _____   |                                      |                                     |                                      |                                       |                                     |  |  |                                    |
| Color Percentage Specifications    | <input type="checkbox"/> Like Unit<br><input type="checkbox"/> Like Sample<br><input type="checkbox"/> Special Instruction: _____   |                                      |                                     |                                      |                                       |                                     |  |  |                                    |
| Density                            | <input type="checkbox"/> Same Unit<br><input type="checkbox"/> Extra Light <input type="checkbox"/> Light <input type="checkbox"/> Medium Light <input type="checkbox"/> Medium <input type="checkbox"/> Heavy<br><input type="checkbox"/> Part/Break Density: _____<br><input type="checkbox"/> Part/Break Triangle Front Edge: _____<br><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:**