

CUSTOM ORDER FORM

7603 CONVOY CT, SAN DIEGO, CA 92111 (877)941-9447

WWW.WIGUSA.COM

NAME _____ DATE _____

COMPANY NAME _____ PHONE # _____

CITY _____ STATE/PROV. _____

STREET _____ ZIP CODE _____

FOR DISTRIBUTION USE ONLY

CK# _____

Date Received _____

Cost _____

Deposit _____

Balance _____

Invoice# _____

Docket #	Base Base size if not including a pattern _____ X _____	Base Color <input type="checkbox"/> FLESH <input type="checkbox"/> BROWN <input type="checkbox"/> BLACK	Quantity _____ <input type="checkbox"/> New Order <input type="checkbox"/> Repair <input type="checkbox"/> Remake <input type="checkbox"/> Factory Error	Construction Sections  <input type="checkbox"/> 1. Front <input type="checkbox"/> 2. Top <input type="checkbox"/> 3. Crown <input type="checkbox"/> 4. Temples <input type="checkbox"/> 5. Sides <input type="checkbox"/> 6. Back
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Design Size Partial Top of Head 3/4 Cap Full Cap

Base Material Model	Hair/Fiber <input type="checkbox"/> Human Hair (Indian) _____% <input type="checkbox"/> Synthetic _____%	Body Density <input type="checkbox"/> Super Light <input type="checkbox"/> Very Light <input type="checkbox"/> Light <input type="checkbox"/> Medium Light <input type="checkbox"/> Medium <input type="checkbox"/> Heavy												
Hair Style <input type="checkbox"/> Free Style <input type="checkbox"/> Brush Back <input type="checkbox"/> Left Part (Break) <input type="checkbox"/> Right Part (Break) <input type="checkbox"/> Center Part <input type="checkbox"/> Other Style:	Finished Hair Length <input type="checkbox"/> Standard 4" to 6" <input type="checkbox"/> Specify Length for Each Section: <table border="1" style="width: 100%; text-align: center; border-collapse: collapse;"> <tr> <td>1 Front</td><td>2 Top</td><td>3 Crown</td><td>4 Temple</td><td>5 Sides</td><td>6 Back</td> </tr> <tr> <td> </td><td> </td><td> </td><td> </td><td> </td><td> </td> </tr> </table>	1 Front	2 Top	3 Crown	4 Temple	5 Sides	6 Back							Tape Tab Location <input type="checkbox"/> PU Coated <input type="checkbox"/> Front & back <input type="checkbox"/> Extended Wear Tab (Permanent Tab) <input type="checkbox"/> Entire Edge <input type="checkbox"/> PU Skin <input type="checkbox"/> Temple to Temple <input type="checkbox"/> As marked on mold <input type="checkbox"/> Size: _____
1 Front	2 Top	3 Crown	4 Temple	5 Sides	6 Back									
For Part and Break Styles <input type="checkbox"/> Skin <input type="checkbox"/> Silicone <input type="checkbox"/> Other	Finished Wave/Curl <input type="checkbox"/> Standard 25mm/F wave <input type="checkbox"/> Specify Wave/Curl for Each Section: <table border="1" style="width: 100%; text-align: center; border-collapse: collapse;"> <tr> <td>1 Front</td><td>2 Top</td><td>3 Crown</td><td>4 Temple</td><td>5 Sides</td><td>6 Back</td> </tr> <tr> <td> </td><td> </td><td> </td><td> </td><td> </td><td> </td> </tr> </table>	1 Front	2 Top	3 Crown	4 Temple	5 Sides	6 Back							Edging <input type="checkbox"/> PU Coated <input type="checkbox"/> Ribbon <input type="checkbox"/> Fold <input type="checkbox"/> Size: _____
1 Front	2 Top	3 Crown	4 Temple	5 Sides	6 Back									
Front Edge Option <input type="checkbox"/> Front Lace Extensions <input type="checkbox"/> Mono Welded Lace <input type="checkbox"/> Size _____ <input type="checkbox"/> Soft Front Lace <input type="checkbox"/> NT Front <input type="checkbox"/> Scalloped <input type="checkbox"/> Skintech	COLOR SPECIFICATIONS <input type="checkbox"/> Follow Hair Sample <input type="checkbox"/> Other Color Ring <table border="1" style="width: 100%; text-align: center; border-collapse: collapse;"> <tr> <td>1 Front</td><td>2 Top</td><td>3 Crown</td><td>4 Temple</td><td>5 Sides</td><td>6 Back</td> </tr> <tr> <td> </td><td> </td><td> </td><td> </td><td> </td><td> </td> </tr> </table>	1 Front	2 Top	3 Crown	4 Temple	5 Sides	6 Back							SPECIAL INSTRUCTIONS:
1 Front	2 Top	3 Crown	4 Temple	5 Sides	6 Back									
<input type="checkbox"/> UNDERLOOPING <input type="checkbox"/> OVERLOOPING	<input type="checkbox"/> Spot Lights <input type="checkbox"/> Enclosed Sample /As Sample <input type="checkbox"/> High Lights <table border="1" style="width: 100%; text-align: center; border-collapse: collapse;"> <tr> <td>1 Front</td><td>2 Top</td><td>3 Crown</td><td>4 Temple</td><td>5 Sides</td><td>6 Back</td> </tr> <tr> <td> </td><td> </td><td> </td><td> </td><td> </td><td> </td> </tr> </table>	1 Front	2 Top	3 Crown	4 Temple	5 Sides	6 Back							
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<input type="checkbox"/> Grey % NOTE: Synthetic fiber is standard for gray hair.	<table border="1" style="width: 100%; text-align: center; border-collapse: collapse;"> <tr> <td>1 Front</td><td>2 Top</td><td>3 Crown</td><td>4 Temple</td><td>5 Sides</td><td>6 Back</td> </tr> <tr> <td> </td><td> </td><td> </td><td> </td><td> </td><td> </td> </tr> </table>	1 Front	2 Top	3 Crown	4 Temple	5 Sides	6 Back							
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Place color ring number or customer's hair sample to the left and indicate the sample letter in the appropriate box above.

A	B	C	D	E
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