

Custom Order Form

Ordered by:

Name _____	Customer No. _____	Date / / 20 _____
Address _____		
City _____	State _____	Zip _____
Daytime Phone _____	Fax _____	

Hair Quality

Straight
 Slight Wave 30mm
 Med Wave 25mm
 Loose Curl 20mm
 Med Curl 15mm
 Tight Curl 10mm
 Apro

Hair Color

Base Hair Color _____
 Highlight Color _____
 Highlight Description _____
 Top _____
 All Over _____

Hair Length _____

Hair Width _____

Part

Side Center Off Center No Part

Cap

Size S M L XL

Style Regular Hand Made

Top French Top Mono Top Regular

Hair Density

Extra Light 60%
 Light 80%
 Med Light 90%
 Medium 100%
 Med Heavy 120%
 Heavy 130%

Front

French Lace Front
 Scalloped Front
 Clear Plyurethan

Type of Hair

Human Remy
 Synthetic Others

Cap Measurements



All Aournd

_____ inch



Front to Nape

_____ inch



Temple to Temple

_____ inch



Ear to Ear

_____ inch



Nape

_____ inch

Special Instructions and Comments