

TR CUSTOM ORDER FORM

TODAY'S DATE _____

CLIENT NAME _____
 YOUR NAME _____
 BUSINESS NAME _____
 PHONE _____
 SHIP TO: _____
Address, city, state, zip

DATE RECEIVED _____ UNIT PRICE \$ _____
 PRODUCTION CODE _____ SHIPPING \$ _____
 TRACKING # _____ DEPOSIT \$ _____
 DATE TO FACTORY _____ BAL. DUE \$ _____
 E. T. A. _____

F A C T O R Y U S E O N L Y

QUANTITY: 1 2 3 RE-ORDER ?
 PRODUCTION TIME: STANDARD (6-8 wks) RUSH (5-6 wks)

SIZE: PARTIAL 4" X 6" REGULAR 10" X 10" FULL HEAD
 ATTACHMENT: TAPE CLIPS PERMANENT OTHER

HAIR TYPE <input type="checkbox"/> HUMAN (processed) <input type="checkbox"/> SYNTHETIC (Kanekelon blend) <input type="checkbox"/> OTHER (specify)	GRAY HAIR <input type="checkbox"/> NON-HUMAN <input type="checkbox"/> HUMAN <input type="checkbox"/> SYNTHETIC	HAIR DIRECTION SPIRAL BACK CROWN: <input type="checkbox"/> LEFT <input type="checkbox"/> CENTER <input type="checkbox"/> RIGHT DEFINITE PARTING: <input type="checkbox"/> LEFT <input type="checkbox"/> CENTER <input type="checkbox"/> RIGHT <input type="checkbox"/> BRUSHBACK (Free Style)	HAIR LENGTH FRONT _____ TOP _____ TEMPLES _____ SIDES _____ BACK _____	HAIR DENSITY <input type="checkbox"/> LIGHT <input type="checkbox"/> LIGHT-MEDIUM <input type="checkbox"/> MEDIUM <input type="checkbox"/> HEAVY
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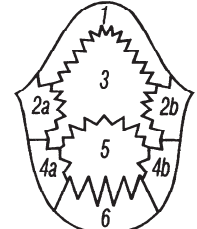
BASE DESIGN / MATERIALS Write-in name of base material - or refer to T.M.'s material chart ring - or write-in "Proven Custom Design" code shown in T.M.'s catalog.	LACE FRONTS <input type="checkbox"/> INV. FRONT H.L. (double scallops) <input type="checkbox"/> ELITE (fine welded mono) <input type="checkbox"/> MUSTACHE LACE <input type="checkbox"/> LACE FRONT EDGING (folded 1/8") <input type="checkbox"/> EXTRA LACE FRONT	SCALLOPED FRONT SCALLOP # _____ <input type="checkbox"/> DO NOT SCALLOP (leave excess material)	FRONT TAPE AREA <input type="checkbox"/> PU COATED <input type="checkbox"/> PU SEE THRU <input type="checkbox"/> CLOTH	PART/CROWN MATERIALS <input type="checkbox"/> SAME AS BASE <input type="checkbox"/> PU COATED <input type="checkbox"/> PU SEE-THRU <input type="checkbox"/> SILICONE/PU
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TAPE TABS (BACK) <input type="checkbox"/> PU COATED <input type="checkbox"/> PU SEE THRU <input type="checkbox"/> 1" ALL AROUND <input type="checkbox"/> CLOTH <input type="checkbox"/> 1/4" <input type="checkbox"/> 1/2" Ribbon <input type="checkbox"/> SEE MOLD	UNDER VENTING <input type="checkbox"/> NONE <input type="checkbox"/> FRONT <input type="checkbox"/> BACK PERIMETER <input type="checkbox"/> ALL AROUND BABY HAIR <input type="checkbox"/> YES <input type="checkbox"/> NO (front only)	WAVE/CURL <input type="checkbox"/> STRAIGHT (40mm) <input type="checkbox"/> SLIGHT WAVE (32MM) <input type="checkbox"/> MEDIUM WAVE (25MM) <input type="checkbox"/> TIGHT WAVE (18MM) <input type="checkbox"/> LOOSE CURL (15MM)	<input type="checkbox"/> MED CURL (12MM) <input type="checkbox"/> TIGHT CURL (10MM) <input type="checkbox"/> LOOSE AFRO (6MM) <input type="checkbox"/> TIGHT AFRO (4MM)	COMB CLIPS <input type="checkbox"/> FLAT SPRING <input type="checkbox"/> FINGER TYPE QUANTITY _____ <small>SHOW ON MOLD</small> <input type="checkbox"/> Small <input type="checkbox"/> Med <input type="checkbox"/> Large	ID IMPRINT ON BASE <input type="checkbox"/> CLIENT'S NAME / DATE <input type="checkbox"/> CODE NUMBER _____ (specify code)
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HAIR COLOR
 COLOR NUMBER _____
 HILITE NUMBER _____

Blend will be "Tone On Tone" unless specified otherwise

Attach large, clean sample or specify color ring number

A	B	C	D	E		A _____	
_____					B _____		
_____					C _____		
_____					D _____		
_____					E _____		

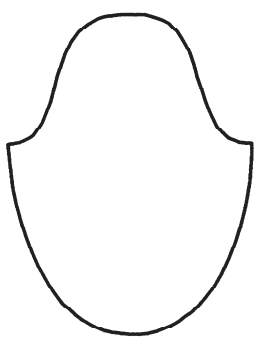
"Indicate corresponding number to sample"

GRAY%	1	2a	2b	3	4a	4b	5	6	All gray and hilite percentages will be the total amount in the finished product.
HILITE%	1	2a	2b	3	4a	4b	5	6	Use Taylormade's color ring for totals.

DO YOU WANT
 BASE OR CAP SUBMIT?
 HAIR SUBMIT?

 CLIENT HAS DARK SKIN

FIRM BASE ONLY
 NUMBER OF HOLES _____
 PEDESTALS
 (show location on diagram)



Draw in tape tabs, crown/part, clips ("x") and other important information

Please be sure to fill out the order form completely. Omissions will cause delays in processing your order. Also include proper hair samples, a plaster cast or a tape template (plaster cast must be used for firm base and vacuum units). A 50% deposit is required. Orders will not be processed without a deposit. If you have any questions, please give us a call at 650-589-2686. Thank you for your order.

SPECIAL INSTRUCTIONS

SHIPPING: GROUND 3 DAY 2 DAY NEXT DAY