

CUSTOM ORDER FORM

WIG USA, INC.

7603 CONVOY COURT
SAN DIEGO, CA 92111

TEL: (877)941-9447 / (858)496-0903
FAX: (858)496-0927 / (858)292-1604

DATE _____

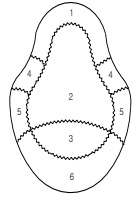
PURCHASE ORDER NO. _____

NAME _____ PHONE NO. _____

ADDRESS _____

For Distributors Use Only	
Date Received	_____
Deposit	_____
Balance	_____
Invoice #	_____

BASE DESIGN Enclosed Template Partial Top of Head 3/4 Cap Full Cap

<p>BASE:</p> <p>1) Material _____</p> <p>2) Color _____</p>	<p>TYPE OF HAIR / FIBER:</p> <p>1) OCH® Human Hair _____ % <input type="checkbox"/> Indian Hair (Yes _____ %, No) _____</p> <p>2) Synthetic Hair _____ %</p> <p>3) Nexart Hair _____ % <input type="checkbox"/> Wave <input type="checkbox"/> Curl</p>	<p>DENSITY:</p> <p><input type="checkbox"/> Light <input type="checkbox"/> Medium Light <input type="checkbox"/> Medium <input type="checkbox"/> Medium Heavy</p>																		
<p>HAIR STYLE:</p> <p>1) Free Style</p> <p>2) Break or Part <input type="checkbox"/> Left <input type="checkbox"/> Skin <input type="checkbox"/> Right <input type="checkbox"/> Silicone <input type="checkbox"/> Center <input type="checkbox"/> Others</p> <p>3) Forward Style</p>	<p>HAIR LENGTH:</p> <p>1) Standard 4" to 6"</p> <p>2) Specify Hair Length For Each Section</p> <table border="1" style="width: 100%; text-align: center; border-collapse: collapse;"> <tr> <th>(1) Front</th> <th>(2) Top</th> <th>(3) Crown</th> <th>(4) Temple</th> <th>(5) Sides</th> <th>(6) Back</th> </tr> <tr> <td style="height: 20px;"> </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							<p>CONSTRUCTION SECTIONS:</p>  <p>1. Front / 2. Top 3. Crown 4. Temples 5. Sides / 6. Back</p>						
(1) Front	(2) Top	(3) Crown	(4) Temple	(5) Sides	(6) Back															
<p>FRONT EDGE OPTION:</p> <p><input type="checkbox"/> Front Lace Extensions <input type="checkbox"/> Skintech <input type="checkbox"/> Scalloped <input type="checkbox"/> Underlooping <input type="checkbox"/> Others</p>	<p>COLORS SPECIFICATIONS:</p> <p><input type="checkbox"/> Follow Hair Sample <input type="checkbox"/> Other Color Ring <input type="checkbox"/> Spot Lights <input type="checkbox"/> High Lights <input type="checkbox"/> Sample <input type="checkbox"/> Gray % (Synthetic on Gray)</p> <table border="1" style="width: 100%; text-align: center; border-collapse: collapse;"> <tr> <th>Front</th> <th>Top</th> <th>Crown</th> <th>Temple</th> <th>Sides</th> <th>Back</th> </tr> <tr> <td style="height: 40px;"> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td>%</td> <td>%</td> <td>%</td> <td>%</td> <td>%</td> <td>%</td> </tr> </table>	Front	Top	Crown	Temple	Sides	Back							%	%	%	%	%	%	<p>TAPE TAB LOCATION</p> <p><input type="checkbox"/> PU Coated <input type="checkbox"/> Front & Back <input type="checkbox"/> PU Skin <input type="checkbox"/> Entire Edge <input type="checkbox"/> Meditatch <input type="checkbox"/> Temple to temple <input type="checkbox"/> <input type="checkbox"/> As marked on mold <input type="checkbox"/> <input type="checkbox"/> Size</p>
Front	Top	Crown	Temple	Sides	Back															
%	%	%	%	%	%															

CAP(FOUNDATION) MEASUREMENTS



1 Circumference(All around) _____ Inch



2 Front to Nape _____ Inch



3 Temple to Temple(Round back) _____ Inch



4 Nape of Neck _____ Inch



5 Ear to Ear(Across Forehead) _____ Inch



6 Ear to Ear(Across top) _____ Inch

ADDITIONAL INSTRUCTIONS:

