

Hair-Necessities Repair Form

Please fill out as much information as possible below. Be sure to include your phone number and email address as we will need to contact you once we receive this form.

Date _____ Name _____

Address _____ City _____ State ____ Zip _____

Phone number and time best to reach you # (____) _____ AM ____ PM ____

Email Address _____

Please provide as much information as possible so we can better assist you

Add Hair to: _____

Repair base: _____

Replace Lace Front _____ Replace Tape Tab/s _____ New Comb Clips _____

Appearance Info

Hair Length for: (please indicate preferred finished hair length in each section)

Front _____ Top _____ Crown _____ Temples _____ Sides _____ Back _____

Density: (Please indicate preferred density in each section)

(Very LightVL / LightL / Medium LightML / Medium M / Medium HeavyMH / HeavyH)

Front _____ Top _____ Crown _____ Temples _____ Sides _____ Back _____

Special instructions:

(We offer one low price for general repairs \$75.00 / to replace tape tabs or lace front extensions please include an additional \$25.00)

Make a copy for you records and return this form to:

HN Technical Services

1212 Highway 55, Hamel, MN 55340