CUSTOM ORDER FORM

(Please send as email attachment to sales@hairextensionsbyas.com)

Order No. _____ ***(Please leave blank)*** **Date:** _____

Full Name: _____ Phone: _____

Address: _____ City: _____

State/Province: _____ Zip/Postcode: _____

Country: _____

Company Details

Trading Name: _____ ABN: _____

Email: _____ Phone: _____

Address: _____ City: _____

State/Province: _____ Zip/Postcode: _____

Country: _____

PRODUCT	COLOUR	LENGTH	WEIGHT/ PIECES	QUANITIY	PRICE

Shipping

Next Day : ☐

2 Day : ☐

3 Day : ☐

4 Day : ☐

Other : _____

Company Use Only:

Date order sent : _____

Date order Received : _____

Received By : _____

Signature required for submission of custom orders:

_____ _____

Print Name Signature