



**NOBO Corporation**  
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# Repair Form

Date:

## Billing Information

Name:

Address:

Address:

City:

State:

Zip/Postal Code:

Country:

Phone:

eMail:

## Deliver To

Same as Billing

Name:

Address:

Address:

City:

State:

Zip/Postal Code:

Country:

Phone:

eMail:

Please repair the following of my enclosed Hair System:

<input type="checkbox"/> Cut & Style	<input type="checkbox"/> Please use Men's Color #:	<input type="checkbox"/> Please use Women's Color #:	<input type="text"/>	<input type="text"/>			
<input type="checkbox"/> Density Thinning	<input type="checkbox"/> I prefer Density:	<input type="radio"/> Extra Thin	<input type="radio"/> Thin	<input type="radio"/> Thin/Med	<input type="radio"/> Medium	<input type="radio"/> Full	<input type="radio"/> Very Full
<input type="checkbox"/> Add more Hair	<input type="checkbox"/> Add only Gray Hair						
<input type="checkbox"/> Hair Density	<input type="checkbox"/> I prefer Density:	<input type="radio"/> Extra Thin	<input type="radio"/> Thin	<input type="radio"/> Thin/Med	<input type="radio"/> Medium	<input type="radio"/> Full	<input type="radio"/> Very Full
<input type="checkbox"/> Hair Length	<input type="checkbox"/> I prefer the lengths to be:	Top: <input type="text"/>	Sides: <input type="text"/>	Back: <input type="text"/>	Inches/cm		
<input type="checkbox"/> Base	<input type="checkbox"/> Lace Front						
<input type="checkbox"/> Wash & Style	<input type="checkbox"/> I would like a different base material (please call to discuss)						

Additional Instructions

## Payment

Check payable to: NOBO Corp.

Credit Card



Visa

MasterCard

American Express

Discover

Card Number:

3-4 Digit Security Code:

Expiration Date:

Cardholder Name: