Consulation & Agreement Form

JJ
JADORE
Hair Supplies

Personal Details

NAME

DATE

EMAIL

PHONE

STYLIST

INSTAGRAM

Important Questions

Have you keratin smoothing treatment or chemical straightening in the past 14 days?

YES ☐   NO ☐

Have you had any lifestyle changes, medical conditions or medications that have effected, or may affect the integrity of your natural hair?

YES ☐   NO ☐

Have you coloured your hair in the past 48 hours?

YES ☐   NO ☐

Do you currently use any plex treatments?

YES ☐   NO ☐

I understand if yes to anything above it may compromise my natural hair

SIGNATURE

Home Hair Care

SHAMPOO

CONDITIONER

TREATMENTS

LEAVE IN PRODUCTS

STYLING PRODUCTS

FINISHING PRODUCTS

THERMAL STYLERS

Agreement

- I have answered all questions to the best of my knowledge
- I have received my maintenance and care guide
- I agree to follow the maintenance and care given to me by my stylist
- I agree to the use of only Jadore products on my extensions to maintain my warranty and understand that the use of alternate products may void my warranty
- I understand I must not expose my hair to water for 48-72 hours after extensions have been applied
- I understand that it is not recommended to colour my extensions as it may void my warranty
- I agree to regular maintenance every 4-6 weeks and understand that longer may damage my natural hair or the extensions

EXTENSIONS WILL BE APPLIED ON

DATE TO BE REFITTED

SIGNATURE

DATE

Technician Form & Checklist

JJ
JADORE
HAIR SUPPLIES

Consulation

MOVEMENT	CURLY	WAVY	STRAIGHT
TEXTURE	FINE	MEDIUM	COURSE
DENSITY	SPARSE	MEDIUM	THICK
NATURAL HAIR LENGTH	SHORT	MEDIUM	LONG	EXTRA LONG
STYLE GOAL	LENGTH	THICKNESS	BODY	COLOUR

Selected Hair

METHOD	LENGTH		WEIGHT					BATCH NUMBER
	22"	26"	100G	150G	200G	250G	CUSTOM	
CLASSIC TAPE								
INVISI TAPE								
CLASSIC WEFT								
FLAT WEFT								
I-TIP								

Recommended Products

SHAMPOO
CONDITIONER
TREATMENT
OTHER

Placement Chart
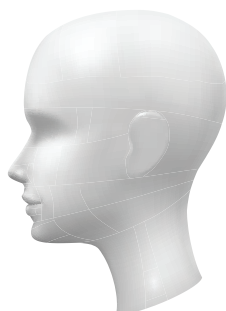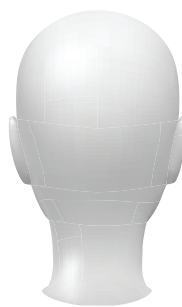
LEFT   BACK   RIGHT

Payment

TOTAL APPLICATION COST	$
BALANCE	$
DEPOSIT PAID	$
TECHNICIAN SIGNATURE	$ DATE