

Date \_\_\_\_\_  
Number: \_\_\_\_\_

File

## Client Information Sheet

Please indicate where (home \_\_\_ or shop \_\_\_) and how (circle phone number) you would like to be contacted?

Client Name: \_\_\_\_\_

Your Home information will only be used if you do not want to be contacted at work.

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Day Time Phone \_\_\_ - \_\_\_ - \_\_\_ Cell \_\_\_ - \_\_\_ - \_\_\_ Night Time \_\_\_ - \_\_\_ - \_\_\_

Shop Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Shop Phone: \_\_\_ - \_\_\_ - \_\_\_

Do you own the shop? Yes \_\_\_ or No \_\_\_

How soon are you needing your equipment? \_\_\_ Days \_\_\_ Weeks \_\_\_ Months

Please Fax to: 405 378 7979 or Mail to: Salon Equipment of Oklahoma  
12300 South Villa Ave.  
Oklahoma City, Ok. 73170