

Fusion Hair Design Client Information Form

Mr Mrs Ms Miss Dr

First name

Last name

House number or name

Address

Town

County

Postcode

Phone number

Mobile number

Work number

Email

Date of birth

Occupation

How did you find out about us?

Which hair care products do you use?

Thank you for filling out this form, none of your details will be passed on to a third party, it is all strictly confidential. We might write to you in the circumstance of a member of our team has left, or for promotional reasons, we may phone due to inform you if your stylist is off sick etc. Emails and text messages may be sent as well, if you would **not** like to hear from us please **tick** the box below, however **solo hair design** will not be responsible for not informing you of such circumstance.

