



Post Office Box 34190 - San Francisco-Bay Area, California 94134 - United States of America - AHairLossSolution.com

Comprehensive Trichology Consultation Payment Form

By Mail Prices

In Clinic/Salon Prices

\$303 Comprehensive Trichology Consultation with 30 Day Product Supply - via Mail (CN:T/C:M30)

\$563 Comprehensive Trichology Consultation with 30 Day Product Supply - In Clinic (CN:T/C:C30)

\$153 Comprehensive Trichology Consultation - via Mail (CN:T/C:M)

\$283 Comprehensive Trichology Consultation - In Clinic (CN:T/C:C)

\$103 Comprehensive Trichology Consultation Follow-Up - via Mail (CN:T/F:M)

\$193 Comprehensive Trichology Consultation Follow-Up - In Clinic (CN:T/F:C)

Trichology Client's First & Last Name (PLEASE PRINT CLEARLY)

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Credit Card Holder First & Last Name (if different from above)

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Mailing/Credit Card Billing Address

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City

State

Zip Code

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Mobile Phone

Home or Work Phone

Birth Date (Month/Day ONLY)

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Email

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Comments/Special Instructions _____



Method of Payment: PayPal* CASH VC MC AMEX DSCVR CHECK

*All credit/debit card transactions will appear under, and all checks should be payable to **Jarmstead Unlimited Corporation.***

Date Paid _____ Amount \$ _____

(*If you already pre-paid online via **PayPal**, please provide the sales ticket/receipt/order # _____)



Card #

(3-4 Digit V-Code)

Card Expiration Date

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