

3D Design Service Info Sheet

GENERAL INFO:

Salon Name: _____
Date: _____ Name: _____
Phone: _____ City: _____ State: _____
Sales Associate: _____

ROOM, SERVICES, OTHER:

Please choose the services and specify the number of rooms you need at your place.

Aesthetics (facial or body)
 Break room
 Hair
 Makeup
 Massage
 Shampooing
 Office
 Private couple room
 Reception / waiting area
 Refreshment station or coffee area
 Restroom for clients
 retail area
 Storage
 Tanning room
 Wax
 other, please specify _____

PROJECT TYPE:

New Business Renovation

STYLE PREFERENCE:

Modern Open concept W/
a few elements
 Classic Other, please specify

 Fashion _____

GENERAL INFO:

Need Salon Layout in Sqft with below items' existing location

Electrical
 Water
 Gas
 Exhaust system

What are you going to renovate?

Ceiling _____
 Flooring _____
 Bathroom/s _____
 Wall/s _____
 Room/s _____

What are your preferences?

Colors/ tones _____
 Materials _____
 Finishes _____
 Lighting _____
 Decor _____
 FengShui _____

TYPE OF SERVICES:

Aesthetics
(number of beds/stations)
 Facial _____
 Microblading _____
 Waxing _____
 Hair
How many stations? _____
 Nails
How many manicure stations? _____
How many pedicure stations? _____
 Tanning
How many rooms and spray booths? _____
 Other

Area Demographics:

Median Income _____
Type of customers _____
 Budget:
Estimate amount _____
Financing _____

Please send this completed form to: sales@alfalfans.com

You may add the following additional information:

1. Pictures of the location, in and outside of the salon.
2. Floor plan with measurements.
3. Any styles, references, or website links.