## WINSTON FURNITURE COMPANY, INC.

<b>WINSTON</b>	<b>□VINEYARD □MOLLA □TRADEWINDS □STUARTCLARK</b> [						
WERNER WOODS □ARTISTIC ACCENTS							

## Quality Control Department **Dedicated Fax Line # 205 486-0072**

This form should be used for all **e-mailed** Quality Complaints

	Date: 06/19/12
Account #	Ship To Information
Email: SERVICE@leadersfurniture.com	
Acct. Name Leaders Casual Furniture	Name same
Address 6303 126 <sup>th</sup> ave n	Address
City largo	City
State fl Zip 33773	State Zip
Telephone# 727-538-5577	Fax # 727-524-8161
Contact Name Kristen	P.O. # or Tag BRS0661442 Schamroth

Quantity	Model #	Frame Color	Fabric/Strap	Ack#/Inv#	Purchase Date
1	M7509	0LY	918	483127	05/14/12

## BRIEF EXPLANATION OF PROBLEM i.e.; WELDS, FINISH, AND FREIGHT DAMAGE:

missing 1 chaise from replacement order (483127) Please ref our PO (BRS0661442) on the new order

WINSTON'S QUAL	JITY DEPARTMEN	NT DISPOSITION T	TO SOLVE PROBLEM
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RETURN MERCHANDISE AUTHORIZATION MAILED  $\square$  YES  $\square$  NO

QUALITY CONTROL REFERENCE NUMBER

QUALITY CONTROL CONTACT NAME