

# WINSTON FURNITURE COMPANY, INC.

☐ WINSTON ☐ VINEYARD ☐ MOLLA ☐ TRADEWINDS ☐ STUARTCLARK ☐  
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:7/16/08

|                                      |                       |
|--------------------------------------|-----------------------|
| Account #                            | Ship To Information   |
| Email: warranty@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 ext 275      | Fax # 727-524-8161    |
| Contact Name Stephanie               | P.O. # or Tag council |

| Quantity | Model # | Frame Color | Fabric/Strap | Ack#/Inv# | Purchase Date |
|----------|---------|-------------|--------------|-----------|---------------|
| 6        | 6849    | Tpw         | 457          | 137823    | 1-23-01       |
| 1        | 6801    | Tpw         | 457          | 137823    | 1-23-01       |
|          |         |             |              |           |               |
|          |         |             |              |           |               |
|          |         |             |              |           |               |
|          |         |             |              |           |               |

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

**peeling**

**WINSTON'S QUALITY DEPARTMENT DISPOSITION TO SOLVE PROBLEM**

**RETURN MERCHANDISE AUTHORIZATION MAILED** ☐ YES ☐ NO

**QUALITY CONTROL REFERENCE NUMBER**

**QUALITY CONTROL CONTACT NAME**