WINSTON FURNITURE COMPANY, INC.

■WINSTON	□VINEY	ARD MOLLA	TRADEWINDS	□STUARTCLARK □
WERNER WO	OODS AF	RTISTIC ACCEN	NTS	

Quality Control Department Dedicated Fax Line # 205 486-0072

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

	Date: 8/18/11
Account #	Ship To Information
Email: warranty@leadersfurniture.com	
Acct. Name Leaders Casual Furniture	Name same
Address 6303 126 th ave n	Address
City largo	City
State fl Zip 33773	State Zip
Telephone# 727-538-5577 ext 224	Fax # 727-524-8161
Contact Name Kristen	P.O. # or Tag CONWAY

Quantity	Model #	Frame Color	Fabric/Strap	Ack#/Inv#	Purchase Date
1	6849	TPW	457A	002-154371	09-29-01

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

Customer's entire chair is peeling

WINSTON'S QUALITY DEPARTMENT DISPOSITION	ON TO SOLVE PROBLEM
RETURN MERCHANDISE AUTHORIZATION MAILED	□ YES □ NO

QUALITY CONTROL REFERENCE NUMBER
QUALITY CONTROL CONTACT NAME