

# 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:2/11/08

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 Krivacs

Quantity	Model #	Frame Color	Fabric/Strap	Ack#/Inv#	Purchase Date
1	3-795	WH		385379	2/15/08

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

**RECEIVED CRACKED**

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

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

**QUALITY CONTROL REFERENCE NUMBER**

**QUALITY CONTROL CONTACT NAME**