

# 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 hess

Quantity	Model #	Frame Color	Fabric/Strap	Ack#/Inv#	Purchase Date
1	8059	TPW	347	123641	7-12-00

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

**BROKEN WELD UNDERNEATH SEAT**

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

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

**QUALITY CONTROL REFERENCE NUMBER**

**QUALITY CONTROL CONTACT NAME**