## 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: 3/23/12

| 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 stephanie               | P.O. # or Tag grim  |

| Quantity | Model # | Frame Color | Fabric/Strap | Ack#/Inv# | Purchase Date |
|----------|---------|-------------|--------------|-----------|---------------|
| 6        | M1131   |             | 227A         | 483947    | 3/14/12       |
| 1        | M1132   |             | 227A         |           |               |
|          |         |             |              |           |               |
|          |         |             |              |           |               |
|          |         |             |              |           |               |
|          |         |             |              |           |               |
|          |         |             |              |           |               |
|          |         |             |              |           |               |

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

## RECEIVED 5 DINING SLINGS & 2 OTTO SLINGS...

## \*\*\*NEED A M1131 FABRIC 227A\*\*\*

| WINSTON'S QUALITY DEPARTMENT DISPOSITION | TO SOLVE PRO               | BLEM |
|--|----------------------------|------|
| RETURN MERCHANDISE AUTHORIZATION MAILED  | $\square$ YES $\square$ NO |      |

QUALITY CONTROL REFERENCE NUMBER
QUALITY CONTROL CONTACT NAME