**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:

|  |  |
| --- | --- |
| Account # | Ship To Information |
| Email: SERVICE@leadersfurniture.com |  |
| Acct. Name Leaders Casual Furniture | Name same |
| Address 6303 126th ave n | Address |
| City largo | City |
| State fl Zip 33773 | State       Zip |
|  |  |
| Telephone# 727-538-5577 | Fax # 727-524-8161 |
| Contact Name | P.O. # or Tag Cofer RS03085176 |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Quantity** | **Model #** | **Frame Color** | **Fabric/Strap** | **Ack#/Inv#** | **Purchase Date** |
| **1** | **M1144** | **s/o** | **927a** | **491998** | **08/12** |
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BRIEF EXPLANATION OF PROBLEM i.e.; WELDS, FINISH, AND FREIGHT DAMAGE:

***cust recvd 2 backs instead of a seat and back-ordering seat only***

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

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

**QUALITY CONTROL REFERENCE NUMBER**

**QUALITY CONTROL CONTACT NAME**