**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: 6/21/10

|  |  |
| --- | --- |
| Account # | Ship To Information |
| Email:      warranty@leadersfurniture.com | **SAME** |
| Acct. Name Leaders Casual Furniture | Name |
| Address 6303 126th 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 ZIPAY |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Quantity** | **Model #** | **Frame Color** | **Fabric/Strap** | **Ack#/Inv#** | **Purchase Date** |
| **4** | **6259** | **BEI** | **256A** | **107532** | **3/29/00** |
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BRIEF EXPLANATION OF PROBLEM i.e.; WELDS, FINISH, FREIGHT DAMAGE:

***BASES PEELING***

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

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

**QUALITY CONTROL REFERENCE NUMBER**

**QUALITY CONTROL CONTACT NAME**