



Whitestone Weavers

Complaint Form

Account No:

Date Issued:

Name:

Address:

Town

County

Postcode

Complaint Ref: /

Please Complete and return by Fax: 01429 892500

Or by Post: Whitestone Weavers limited,
Park View Road East,
Hartlepool, TS25 1HT

Tel:

Fax:

Rep/Region: W

Consumer Details

Name:

Address:

Postcode

Tel. no. Home:

Tel. No. Work:

Complaint Details

Please give a brief Description of the complaint:

To aid processing please provide the following (if available)

Our Order No:

Delivery Note No:

Invoice No:

Design:

Colour/Pattern:

Piece No:

Your Ref:

Fitting Date

Length

Width

WE WOULD RESPECTFULLY POINT OUT THAT WE CANNOT AGREE TO DEAL WITH ANY ENQUIRY UNLESS THE MATERIAL HAS FIRST BEEN INSPECTED BY THE RETAILER. PLEASE NOTE : ALL CREDITS ARE RESTRICTED TO THE MATERIAL VALUE ONLY. WE DO NOT PAY REFITTING COSTS

SHOULD IT BE NECESSARY TO INSTIGATE AN INDEPENDENT REPORT THE COST OF THIS WILL BE PASSED ON TO YOU IF NO FAULT IS FOUND.

Please be sure to have inspected yourself to avoid any problems regarding the above.
Photographic evidence must be provided for all complaints.

I have read the above and agree to the terms and conditions Sign _____

Date _____