



CUSTOMER SERVICE REPORT

Complaint Ref:	
Date Issued:	

Account Details

Account No:
Name:
Address:
Town:
County:
Post Code:

Please complete and return by Fax: 01429 892560
 Or by Post: hitestone Weavers Limited,
 View Logistics, Park View Road East,
 Hartlepool TS25 1HT

Telephone:
Facsimile:
Rep/Region:

Consumer Details

Name :
Address:
Post Code:
Telephone Home:
Telephone Work:

Complaint Details:

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Our Order No:	Your Ref:
Delivery Note No:	Fitting Date:
Our Invoice No:	
Colour/Pattern:	
Piece No:	Length: Width:

**WE WOULD RESPECTFULLY POINT OUT THAT
 THE MATERIAL HAS FIRST BEEN INSPECTED BY THE RETAILER. PLEASE NOTE: ALL CREDITS ARE
 RESTRICTED TO THE MATERIAL VALUE ONLY, WE DO NO PAY REFITTING COSTS.**

**SHOULD IT BE NECESSARY TO INSTIGATE AN INDERPENDENT 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 _____

Whitestone Weavers Limited, View Logistics, Park View Road East, Hartlepool TS25 1HT

Telephone: 01429 892555 Facsimile: 01429 892560

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