

Quality Control Feedback Form

Business Name:	Invoice Number:	Date:
Product SKU Qty		
Description of Issue		
What is the issue:		
		<i>)</i>
<u> </u>		
When did you first notice the issue a	nd how did it occur?	
What Reso	olution Are You So	eeking?
How satisfied	d are you with our company o	overall?
○ REPAIR	○ REPLACE ○ R	EFUND