



White Pak
LEATHER INDUSTRIES

Manufacturer & Exporters

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Customer Complaint/Unit Exchange Form

Complaint written by: Mr. Mrs.

Company Name:

Designation:

Address:

State/Province:

Country:

City:

Phone:

E-mail:

Zip code:

Dated:

Fax:

Shipment Invoice No:

BL No:

Date of Arrival Goods:

Complaint fo (Please tick all that apply).

- Workmanship Sizes Packing Labeling
 Finishing/Polishing Transportation Material

Defected item numbers ?

Description of defect.

Other defect.