

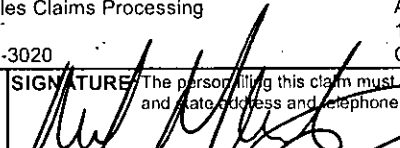


UNITED STATES BANKRUPTCY COURT SOUTHERN DISTRICT OF NEW YORK (MANHATTAN)		PROOF OF CLAIM	 YOUR CLAIM IS SCHEDULED AS: Schedule/Claim ID s182
In re: Jennifer Convertibles, Inc.		Case Number: 10-13779	Amount/Classification \$925.00 Unsecured
<small>NOTE: See Reverse for List of Debtors/Case Numbers/ important details. This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.</small>		<input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars. <input type="checkbox"/> Check this box if you are the debtor or trustee in this case.	The amounts reflected above constitute your claim as scheduled by the Debtor or pursuant to a filed claim. If you agree with the amounts set forth herein, and have no other claim against the Debtor, you do not need to file this proof of claim EXCEPT as stated below. If the amounts shown above are listed as Contingent, Unliquidated or Disputed, a proof of claim must be filed. If you have already filed a proof of claim with the Bankruptcy Court or BMC, you do not need to file again. THIS SPACE IS FOR COURT USE ONLY
Name of Creditor and Address: the person or other entity to whom the debtor owes money or property <div style="border: 1px solid black; padding: 5px; margin-top: 5px;">25239790002245 FURNITURE SERVICE OF MICHIGAN 17410 REVERE RD SOUTHFIELD, MI 48076</div>		<div style="border: 1px solid black; padding: 10px; margin: 0 auto; width: 150px;">RECEIVED OCT 12 2010 BMC GROUP</div>	
Creditor Telephone Number 248 556-8188			
Name and address where payment should be sent (if different from above):		Claim Number (if known): Filed on: _____	
Payment Telephone Number ()			
1. AMOUNT OF CLAIM AS OF DATE CASE FILED \$ 1695.00 <small>If all or part of your claim is secured, complete item 4 below; however, if all of your claim is unsecured, do not complete item 4. If all or part of your claim is entitled to priority, complete item 5. If all or part of your claim qualifies as an administrative expense under 11 U.S.C. § 503(b)(9), complete item 6.</small> <input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of claim. Attach itemized statement of interest or charges.			
2. BASIS FOR CLAIM: SERVICES PERFORMED		3. LAST FOUR DIGITS OF ANY NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR: 3a. Debtor may have scheduled account as: _____	
4. SECURED CLAIM (See instruction #4 on reverse side.) Check the appropriate box if your claim is secured by a lien on property or a right of set off and provide the requested information Nature of property or right of setoff: Describe: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other _____ Value of Property: \$ _____ Annual Interest Rate: _____ % if any: \$ _____ Basis for Perfection: _____ Secured Claim Amount: \$ _____ Unsecured Claim Amount: \$ _____ Amount of arrearage and other charges as of time case filed included in secured claim, _____		DO NOT include the priority portion of your claim here.	
5. PRIORITY CLAIM <input type="checkbox"/> Amount of Claim Entitled to Priority under 11 U.S.C. § 507(a). If any portion of your claim falls in one of the following categories, check the box and state the amount. You MUST specify the priority of the claim: <input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B). <input checked="" type="checkbox"/> Wages, salaries, or commissions (up to \$11,725*), earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(4). <input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5). <input type="checkbox"/> Up to \$2,600* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(7). <input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8). <input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. § 507(a) (_____). <small>* Amounts are subject to adjustment on 4/1/13 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.</small> Unsecured Priority Claim Amount: \$ _____ Include ONLY the priority portion of your unsecured claim here.			
6. AMOUNT OF CLAIM THAT QUALIFIES AS AN ADMINISTRATIVE EXPENSE UNDER 11 U.S.C. § 503(b)(9): \$ 0 <small>See instruction #6 on reverse side</small>			
7. CREDITS: The amount of all payments on this claim has been credited for the purpose of making this proof of claim.			
8. SUPPORTING DOCUMENTS: Attach redacted copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, and security agreements. You may also attach a summary. Attach redacted copies of evidence of perfection of a security interest. (See instruction 8 and definition of "redacted" on reverse side.) If the documents are not available, please explain. DATE-STAMPED COPY: To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim. DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING.			
The original of this completed proof of claim form must be sent by mail or hand delivered (FAXES NOT ACCEPTED) so that it is actually received on or before 5:00 pm, prevailing Eastern Time on October 25, 2010 for Non-Governmental Claimants OR on or before 5:00 pm, prevailing Eastern Time on January 18, 2011 for Governmental Units BY MAIL TO: BMC Group, Inc Attn: Jennifer Convertibles Claims Processing PO Box 3020 Chanhassen, MN 55317-3020 BY HAND OR OVERNIGHT DELIVERY TO: BMC Group, Inc Attn: Jennifer Convertibles Claims Processing 18750 Lake Drive East Chanhassen, MN 55317			THIS SPACE FOR COURT USE ONLY <div style="border: 1px solid black; padding: 5px; margin: 0 auto; width: 150px;">Jennifer Convertibles  00208</div>
DATE 10/8/10	SIGNATURE The person filing this claim must sign it. Sign and print name and title, if any, of the creditor or other person authorized to file this claim and state address and telephone number if different from the notice address above. Attach copy of power of attorney, if any. 		

INSTRUCTIONS FOR PROOF OF CLAIM FORM

The instructions and definitions below are general explanations of the law. In certain circumstances, such as bankruptcy cases not filed voluntarily by the debtor, there may be exceptions to these general rules.

ITEMS TO BE COMPLETED IN PROOF OF CLAIM FORM (IF NOT ALREADY PROPERLY FILLED IN)

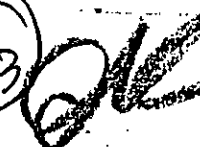
<p>Court, Name of Debtor, and Case Number: Fill in the name of the federal judicial district where the bankruptcy case was filed (for example Central District of California), the name of the debtor in the bankruptcy case, and the bankruptcy case number. If you received a notice of the case from the Claims Agent, BMC Group, some or all of this information may have been already completed.</p> <p>Debtor Name _____ Case No _____ See attached sheet</p> <p>Creditor's Name and Address: Fill in the name of the person or entity asserting a claim and the name and address of the person who should receive notices issued during the bankruptcy case. A separate space is provided for the payment address if it differs from the notice address. The creditor has a continuing obligation to keep the court informed of its current address. See Federal Rule of Bankruptcy Procedure (FRBP) 2002(g).</p> <p>1. Amount of Claim as of Date Case Filed: State the total amount owed to the creditor on the date of the Bankruptcy filing. Follow the instructions concerning whether to complete item, 4, 5 and 6. Check the box if interest or other charges are included in the claim.</p> <p>2. Basis for Claim: State the type of debt or how it was incurred. Examples include goods sold, money loaned, services performed, personal injury/wrongful death, car loan, mortgage note, and credit card.</p> <p>3. Last Four Digits of Any Number by Which Creditor Identifies Debtor: State only the last four digits of the debtor's account or other number used by the creditor to identify the debtor.</p> <p>3a. Debtor May Have Scheduled Account As: Use this space to report a change in the creditor's name, a transferred claim, or any other information that clarifies a difference between this proof of claim and the claim as scheduled by the debtor.</p> <p>4. Secured Claim: Check the appropriate box and provide the requested information if the claim is fully or partially secured. Skip this section if the claim is entirely unsecured. (See DEFINITIONS, below.) State the type and the value of property that secures the claim, attach copies of lien documentation, and state annual interest rate and the amount past due on the claim as of the date of the bankruptcy filing.</p>	<p>5. Amount of Claim Entitled to Priority Under 11 U.S.C. §507(a). If any portion of your claim falls in one or more of the listed categories, check the appropriate box(es) and state the amount entitled to priority. (See DEFINITIONS, below.) A claim may be partly priority and partly non-priority. For example, in some of the categories, the law limits the amount entitled to priority.</p> <p>6. Amount of Claim that qualifies as an Administrative Expense under 11 U.S.C. §503(b)(9): State the value of any goods received by the debtor within 20 days before the date of commencement for which the goods have been sold to the debtor in the ordinary course of the debtor's business.</p> <p>7. Credits: An authorized signature on this proof of claim serves as an acknowledgment that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.</p> <p>8. Supporting Documents: Attach to this proof of claim form redacted copies documenting the existence of the debt and of any lien securing the debt. You may also attach a summary. You must also attach copies of documents that evidence perfection of any security interest. You may also attach a summary. FRBP 3001(c) and (d). Do not send original documents, as attachments may be destroyed after scanning.</p> <p>Date and Signature: The person filing this proof of claim <u>must</u> sign and date it. FRBP 9011. If the claim is filed electronically, FRBP 5005(a)(2), authorizes courts to establish local rules specifying what constitutes a signature. Print the name and title, if any, of the creditor or other person authorized to file this claim. State the filer's address and telephone number if it differs from the address given on the top of the form for purposes of receiving notices. Attach a complete copy of any power of attorney. Criminal penalties apply for making a false statement on a proof of claim.</p> <p>Date-Stamped Copy Return claim form and attachments, if any. If you wish to receive an acknowledgement of your claim, please enclose a self-addressed stamped envelope and a second copy of the proof of claim form with any attachments to the Claims Agent, BMC Group, at the address on the front of this form.</p> <p><i>Please read – important information: upon completion of this claim form, you are certifying that the statements herein are true.</i></p> <p>Be sure all items are answered on the claim form. If not applicable, insert "Not Applicable."</p>
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DEFINITIONS

INFORMATION

<p>DEBTOR A debtor is the person, corporation, or other entity that has filed a bankruptcy case.</p> <p>CREDITOR A creditor is any person, corporation, or other entity to whom the debtor owed a debt on the date that the bankruptcy case was filed.</p> <p>CLAIM A claim is the creditor's right to receive payment on a debt that was owed by the debtor on the date of the bankruptcy filing. See 11 U.S.C. §101 (5). A claim may be secured or unsecured.</p> <p>PROOF OF CLAIM A form telling the bankruptcy court how much the debtor owed a creditor at the time the bankruptcy case was filed (the amount of the creditor's claim). This form must be filed with the court-appointed Claims Agent, BMC Group, at the address listed on the reverse side of this page.</p> <p>SECURED CLAIM Under 11 U.S.C. §506(a) A secured claim is one backed by a lien on property of the debtor. The claim is secured so long as the creditor has the right to be paid from the property prior to other creditors.</p>	<p>The amount of the secured claim cannot exceed the value of the property. Any amount owed to the creditor in excess of the value of the property is an unsecured claim. Examples of liens on property include a mortgage on real estate or a security interest in a car. A lien may be voluntarily granted by a debtor or may be obtained through a court proceeding. In some states, a court judgment is a lien. A claim also may be secured if the creditor owes the debtor money (has a right to setoff).</p> <p>UNSECURED NONPRIORITY CLAIM If a claim is not a secured claim it is an unsecured claim. A claim may be partly secured and partly unsecured if the property on which a creditor has a lien is not worth enough to pay the creditor in full.</p> <p>UNSECURED PRIORITY CLAIM Under 11 U.S.C. §507(a) Priority claims are certain categories of unsecured claims that are paid from the available money or property in a bankruptcy case before other unsecured claims.</p> <p>Evidence of Perfection Evidence of perfection may include a mortgage, lien, certificate of title, financing statement, or other</p>	<p>document showing that the lien has been filed or recorded.</p> <p>Redacted A document has been redacted when the person filing it has masked, edited out, or otherwise deleted, certain information. A creditor should redact and use only the last four digits of any social-security, individual's tax-identification, or financial-account number, all but the initials of a minor's name and only the year of any person's date of birth.</p> <p>Offers to Purchase a Claim Certain entities are in the business of purchasing claims for an amount less than the face value of the claims. One or more of these entities may contact the creditor and offer to purchase the claim. Some of the written communications from these entities may easily be confused with official court documentation or communications from the debtor. These entities do not represent the bankruptcy court or the debtor. The creditor has no obligation to sell its claim. However, if the creditor decides to sell its claim, any transfer of such claim is subject to FRBP 3001(c), any applicable provisions of the Bankruptcy Code (11 U.S.C. § 101 et seq.), and any applicable orders of the bankruptcy court.</p>
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ONCE YOUR CLAIM IS FILED YOU CAN OBTAIN OR VERIFY YOUR CLAIM NUMBER BY VISITING www.bmcgroup.com

3  11200

JENNIFER CONVERTIBLES CLAIM CENTER

SERVICE REPORT COVER SHEET

SERVICE COMPANY-FURNITURE SERVICE OF MICHIGAN

VENDOR CODE # 892- DATE FAXED-----RECD-----

STORE ORDER	CLAIM	CUSTOMER	SRVC DATE	AMOUNT
DG 36698	243047	DAVIS	6 14	30
DG 20371	244832	HORECKI	6 14	30

~~1620~~ 1695



353

Jennifer Customer Service

S E R V I C E R E P O R T

DATE: 05/27/10

Claim: 243047-00

TO: FURNITURE SERVICE OF MICHIGAN
17410 Revere Road
Biker1937@aol.com
SOUTHFIELD MI 48076
Phone 248 556 8188
Fax 248 556 8191

FROM: Jennifer Warehouse Claim Ctr.

RE: BENJAMIN DAVIS
2163 BRYANSTON CRESCENT
DETROIT MI 48207

Order #/Delivery DB 036698 11/09/07
Home Phone 313 393 3935
Work Phone

INSTRUCTIONS: Please schedule the above customer for service and fax back the
written report or any concerns to 206-309-0432
Attn: Jennifer Claim Center. Please remember to include serial
numbers with your report. MAKE NOTE OF THE NEW FAX NUMBER.

COMMENTS: COMP IN TRANSIT W ETA 6/3
SCHED TO INSTALL

NATURE OF COMPLAINT: Upholstery Shield

ITEM	SIZE	AREA AFFECTED	TYPE OF DEFECT
VENIC M2766-T 0680 29	T	CASING-LAF SEAT	HOLE (UPH.SHIELD)

TECHNICIAN'S REPORT

SIZE	AREA	TYPE	CODE	COMPONENTS
1	CASING	HOLE	6m	

ADDITIONAL COMMENTS:

☐ Turn Down☐ Follow-Up☒ Complete

SERVICE DATE:

6/14/10

X

VENDOR CODE: 892

AMT: \$

30

NO

16#

Jennifer Customer Service

SERVICE REPORT

DATE: 06/06/10
 TO: FURNITURE SERVICE OF MICHIGAN
 17410 Revere Road
 Biker1937@aol.com
 SOUTHFIELD MI 48076
 Phone 248 556 8188
 Fax 248 556 8191

Claim: 244832-00
 FROM: Jennifer Warehouse Claim Ctr.

RE: KATHY HORECKI
 200 RIVERFRONT
 313-595-9797
 DETROIT

Order#/Delivery DR 020371 6/04/10
 APT: 3C Home Phone 313 656 5138

MI 48226

Work Phone 313 974 6210

INSTRUCTIONS: Please schedule the above customer for service and fax back the written report or any concerns to 206-309-0432
 Attn: Jennifer Claim Center. Please remember to include serial numbers with your report. MAKE NOTE OF THE NEW FAX NUMBER.

COMMENTS: C/E SAYS ON DEL DAY DIRT SPOTS & OTTO LEG CRACKED
 PLEASE ADVISE WHAT & WHERE THANKS

NATURE OF COMPLAINT: Warranty

ITEM	SIZE	AREA AFFECTED	TYPE OF DEFECT
VENIC C7605-OTTO 0010 30	OTTO	LEG(S)	BROKEN
VENIC C7613RAF-S 0010 30	S	ALL SEAT CASINGS	DIRT ON DLVRY
VENIC C7616ALF-C 0010 30	C	FRONT BOARD (COMP)	DIRT ON DLVRY

TECHNICIAN'S REPORT

SIZE	AREA	TYPE	CODE	COMPONENTS
OTTO	LEGS	Split	2H - NEED	(2) New LEGS
Sofa	S/CAS	DIRT	1H	
RAF	B/OAS	DIRT	1H	

ADDITIONAL COMMENTS:

[] Turn Down

[X] Follow-Up

[] Complete

SERVICE DATE: 6/14/10

X

VENDOR CODE: 892

AMT: \$ 30

DO CD

456
26x0

44500

SERVICE COMPANY-FURNITURE SERVICE OF MICHIGAN
VENDOR CODE # 892- DATE FAXED-----RECD-----

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A U T O - F A X Rev 2.10U

Jennifer Customer Service

S E R V I C E R E P O R T

DATE: 05/08/10
 TO: FURNITURE SERVICE OF MICHIGAN
 17410 Revere Road
 Biker1937@aol.com
 SOUTHFIELD MI 48076
 Phone 248'556 8188
 Fax 248'556 8191

Claim: 238785-00
 FROM: Jennifer Warehouse Claim Ctr.

RE: TREVOR SALASKI
 536 GENREL MOTERS RD
 MILFORD MI 48381

Order #/Delivery NMI 019159 6/17/09
 Home Phone 301 512 9771
 Work Phone 248 330 9184

INSTRUCTIONS: Please schedule the above customer for service and fax back the written report or any concerns to 206-309-0432
 Attn: Jennifer Claim Center. Please remember to include serial numbers with your report. MAKE NOTE OF THE NEW FAX NUMBER.

COMMENTS: C/C HAS COMP PLEASE INSTALL

NATURE OF COMPLAINT: Warranty

ITEM	SIZE	AREA AFFECTED	TYPE OF DEFECT
VENIC B7027-RLS 0634 09	RLS	MECHANISM	BAR(S) BENT

TECHNICIAN'S REPORT

SIZE	AREA	TYPE	CODE	COMPONENTS
Rec Sofa	MECH	BENT	6m	
Rec Sofa	UP MECH Rail	SPUT	5m	
		FROM SCREWS		
		WOOD MECH		
		BENT		

ADDITIONAL COMMENTS:

[] Turn Down [] Follow-Up

[X] Complete

SERVICE DATE:

6/16/10

X

VENDOR CODE: 892

AMT: \$

80

NO ID #

6/16/10 MICHIGAN
 MURKED
 MAIN ST
 MILFORD

6/5
 MON
 3:00
 CALL ON
 CAY

NEW MECH
 CRACKED

INSTALLED
 REPAIRED
 RAIL
 WOOD

\033&l2a00\033(s0p12h3T@+FNUM[12485568191]

A U T O - F A X Rev 2.10U

Jennifer Customer Service

S E R V I C E R E P O R T

DATE: 06/06/10

TO: FURNITURE SERVICE OF MICHIGAN
 17410 Revere Road
 Biker1937@aol.com
 SOUTHFIELD MI 48076
 Phone 248 556 8188
 Fax 248 556 8191

Claim: 244716-00

FROM: Jennifer Warehouse Claim Ctr.

RE: AARON RIVES
 28740 APPLE BLOSSOM LN
 FARMINGTN HLS MI 48331

Order #/Delivery NMI 019699 6/05/10
 Home Phone 734 516 6320
 Work Phone 734 479 1410

INSTRUCTIONS: Please schedule the above customer for service and fax back the written report or any concerns to 206-309-0432
 Attn: Jennifer Claim Center. Please remember to include serial numbers with your report. MAKE NOTE OF THE NEW FAX NUMBER.

COMMENTS: GREASE STAIN ON THE CHAIR - PLEASE SEND TECH TO CLEAN
 REPORTED AT TIME OF DELIV
 FABRI MDSE

NATURE OF COMPLAINT: Warranty

ITEM	SIZE	AREA AFFECTED	TYPE OF DEFECT
VENIC G1809-SGC 6056 00	C	BACK-OUTSIDE	GREASE

TECHNICIAN'S REPORT

SIZE	AREA	TYPE	CODE	COMPONENTS
C	1/5 BACK	DIRT	1m/4	

ADDITIONAL COMMENTS:

☐ Turn Down☐ Follow-Up☒ Complete

SERVICE DATE:

6/17/10

X

VENDOR CODE: 892

AMT: \$

30

2144-7

Jennifer Customer Service

SERVICE REPORT

DATE: 05/18/10
TO: FURNITURE SERVICE OF MICHIGAN
17410 Revere Road
Biker1937@aol.com
SOUTHFIELD MI 48076
Phone 248 556 8188
Fax 248 556 8191

Claim: 241099-00
FROM: Jennifer Warehouse Claim Ctr.

RE: WANDA MCFARLANE
2732 CASS ST
DEARBORN MI 48124

Order #/Delivery DTY 005360 12/23/09
Home Phone 313 565 1700
Work Phone 313 520 2732

INSTRUCTIONS: Please schedule the above customer for service and fax back the written report or any concerns to 206-309-0432
Attn: Jennifer Claim Center. Please remember to include serial numbers with your report. MAKE NOTE OF THE NEW FAX NUMBER.

COMMENTS: LEATHER ARM IN TRANSIT W/APPROX ETA 5/26
SCHEDULE TO INSTALL

NATURE OF COMPLAINT: Warranty

ITEM	SIZE	AREA AFFECTED	TYPE OF DEFECT
VENIC B8175-Q	0622 29	Q ARM-LAF IN/OUT	UNEVEN

TECHNICIAN'S REPORT

SIZE	AREA	TYPE	CODE	COMPONENTS
Q	LF 1/0 ARM	UNEVEN	6m	
Q	LF ARM	SM DTS	5m	

ADDITIONAL COMMENTS:

[] Turn Down [] Follow-Up [X] Complete SERVICE DATE: 6/17/10
X VENDOR CODE: 892 AMT: \$ 50

NO 17

nicol
OUTER DR

Jennifer Customer Service

SERVICE REPORT

Warehouse Vollogun
TODAY
MICHIGAN

DATE: 05/13/10
TO: FURNITURE SERVICE OF MICHIGAN
17410 Revere Road
Biker1937@aol.com
SOUTHFIELD MI 48076
Phone 248 556 8188
Fax 248 556 8191

Claim: 240072-00

FROM: Jennifer Warehouse Claim Ctr.

RE: NAJAM FASIUDDIN
900 LINCOLN LANE
DEARBORN

Order #/Delivery DTY 005424 5/01/10
APT: 804 Home Phone ~~732 213 4779~~
MI 48121 Work Phone 219 614 6982

INSTRUCTIONS: Please schedule the above customer for service and fax back the written report or any concerns to 206-309-0432
Attn: Jennifer Claim Center. Please remember to include serial numbers with your report. MAKE NOTE OF THE NEW FAX NUMBER.

COMMENTS: NEWUSCLAIMS: SIDE OF CHAISE IS LOOSE

NATURE OF COMPLAINT: Warranty

ITEM	SIZE	AREA AFFECTED	TYPE OF DEFECT
VENIC C4316BLF-C 0200 27	C	BACK-INSIDE/OUTSIDE	LOOSE

TECHNICIAN'S REPORT

SIZE	AREA	TYPE	CODE	COMPONENTS
BACK	BACK	BROKEN	5m	- ADD SCREWS
CAF	AF ARM	LOOSE	5m	INSTALL SCREWS
F	BACK	LOOSE	2W	
F	LEG	T-NUT	5m	

ADDITIONAL COMMENTS:

[] Turn Down [] Follow-Up

[X] Complete

SERVICE DATE:

6/17/10

X

VENDOR CODE: 892

AMT: \$

65

NO #

11400

SERVICE REPORT COVER SHEET

VENDOR CODE # 892- DATE FAXED-----RECD-----

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A U T O - E - A - X Rev 2.10U

Jennifer Customer Service

S E R V I C E R E P O R T

DATE: 03/31/10

Claim: 230908-00

TO: FURNITURE SERVICE OF MICHIGAN
 17410 Revere Road
 Biker1937@aol.com
 SOUTHFIELD MI 48076
 Phone 248 556 8188
 Fax 248 556 8191

FROM: Jennifer Warehouse Claim Ctr.

RE: STEPHEN POWELL

Order #/Delivery NMI 016566 6/09/07

1 LAFAYETTE-PLAISANCE

Home Phone 313-598-1035

DETROIT

MI 48207

Work Phone

INSTRUCTIONS: Please schedule the above customer for service and fax back the written report or any concerns to 206-309-0432

Attn: Jennifer Claim Center. Please remember to include serial numbers with your report. MAKE NOTE OF THE NEW FAX NUMBER.

COMMENTS: PER C/E SAYS SMALL RIP AND SCRATCH ON CHAIR

NATURE OF COMPLAINT: Upholstery Shield

ITEM	SIZE	AREA AFFECTED	TYPE OF DEFECT
VENIC M2701-C 0680 29	C	CASING-CTR. SEAT	HOLE (UPH. SHIELD)
VENIC M2701-C 0680 29	C	BACK-OUTSIDE	SCRATCHED/NICKED

TECHNICIAN'S REPORT

SIZE	AREA	TYPE	CODE	COMPONENTS
Chair	B/CAS	TEAR sharp	2C	NEED
LF	B/CAS	TEAR	2C	NEED
UB	SKAS	TEAR	5C	NEED

ADDITIONAL COMMENTS:

[] Turn Down

[X] Follow-Up

[] Complete

SERVICE DATE:

6/18/10

X

VENDOR CODE: 892

AMT: \$

30

NO ID#

Jennifer Customer Service

SERVICE REPORT

DATE: 06/13/10
 TO: FURNITURE SERVICE OF MICHIGAN
 17410 Revere Road
 Biker1937@aol.com
 SOUTHFIELD MI 48076
 Phone 248 556 8188
 Fax 248 556 8191

Claim: 246100-00
 FROM: Jennifer Warehouse Claim Ctr.

RE: XAVIER PERNOT
 24320 ROCKFORD
 DEARBORN

MI 48124

Order #/Delivery DB 038900 6/09/10
 Home Phone 313 408 1478
 Work Phone 913 620 3047 CELL

INSTRUCTIONS: Please schedule the above customer for service and fax back the written report or any concerns to 206-309-0432
 Attn: Jennifer Claim Center. Please remember to include serial numbers with your report. MAKE NOTE OF THE NEW FAX NUMBER.

COMMENTS: C/C SAYS THAT THE LEG RAIL ON THE RFS ON THE BACK OF CHAIR
 PLEASE INSPECT AND CORRECT
 CONTACT CELL MDSE WAS A CPU FIX NO HANDLING DAMAGE!!

NATURE OF COMPLAINT: Warranty

ITEM	SIZE	AREA AFFECTED	TYPE OF DEFECT
VENIC C4108-C 0202 14	C	LEG RAIL	BROKEN

TECHNICIAN'S REPORT

SIZE	AREA	TYPE	CODE	COMPONENTS
Chair	REAR LEG RAIL	BROKEN IN 1/2	2	COVERED NOT FIX
				CUSTOMER SAID
				COST WAY IN
			4	THIS WAY IN BOX

ADDITIONAL COMMENTS:

☐ Turn Down☒ Follow-Up☐ Complete

SERVICE DATE:

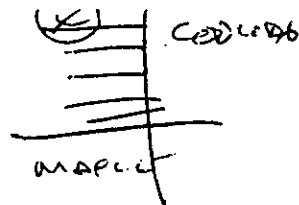
6/19/10

X

VENDOR CODE: 892

AMT: \$ 20

NO ID



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A U T O - F A X Rev 2.10U

Jennifer Customer Service

S E R V I C E R E P O R T

DATE: 06/17/10

TO: FURNITURE SERVICE OF MICHIGAN
17410 Revere Road
Biker1937@aol.com
SOUTHFIELD MI 48076
Phone 248 556 8188
Fax 248 556 8191

Claim: 247394-00
FROM: Jennifer Warehouse Claim Ctr.

RE: MATTHEW MCARDLE
2481 MANCHESTER
BIRMINGHAM

MI 48009

Order #/Delivery DB 902663 6/10/10
Home Phone 248 224 2595
Work Phone

INSTRUCTIONS: Please schedule the above customer for service and fax back the written report or any concerns to 206-309-0432
Attn: Jennifer Claim Center. Please remember to include serial numbers with your report. MAKE NOTE OF THE NEW FAX NUMBER.

COMMENTS: C/E SAYS THEY REPORTED TO MANAGER BUT NO CLAIM EVER ENTERED
PLS ADVISE EXACTLY WHAT & WHERE ASAP SLIPCOVER DOWNBLEND
MDSE BOTTOM LOWER RIGHT

NATURE OF COMPLAINT: Warranty

ITEM	SIZE	AREA AFFECTED	TYPE OF DEFECT
KLAUS DB16100R-F BULL NA	F	SLIP COVER	DIRT ON DLVRY

TECHNICIAN'S REPORT

SIZE	AREA	TYPE	CODE	COMPONENTS
F	LF SKIRT F SIDE	BLACK SPOTS OR OIL	2	COULD NOT OFF BACK OF ON SIDE OF SLIPCOVER

ADDITIONAL COMMENTS:

[] Turn Down

[X] Follow-Up

[] Complete

SERVICE DATE:

6/19/10

X

VENDOR CODE: 892

AMT: \$

20

SN 0053035137

b260b

SERVICE REPORT COVER SHEET

VENDOR CODE # 892- DATE FAXED-----RECD-----

[illegible]

Jennifer Customer Service

S E R V I C E R E P O R T

DATE: 06/13/10
TO: FURNITURE SERVICE OF MICHIGAN
17410 Revere Road
Biker1937@aol.com
SOUTHFIELD MI 48076
Phone 248 556 8188
Fax 248 556 8191

Claim: 246030-00
FROM: Jennifer Warehouse Claim Ctr.

RE: HELENA FISHER
24621 ONEDIA BLVD
OAK PARK MI 48237

Order #/Delivery DB 033118 10/15/05
Home Phone 248 542 6689
Work Phone

INSTRUCTIONS: Please schedule the above customer for service and fax back the written report or any concerns to 206-309-0432
Attn: Jennifer Claim Center. Please remember to include serial numbers with your report. MAKE NOTE OF THE NEW FAX NUMBER.

COMMENTS: CTR BACK CASING IS IN TRANSIT TO CUST W/ APPROX ETA 6/17
SCHEDULE TO TRANSFER FILL TO NEW CASE.

NATURE OF COMPLAINT: Upholstery Shield

ITEM	SIZE	AREA AFFECTED	TYPE OF DEFECT
VENIC M2715-S 0680 29	S	CASING-CTR. BACK	HOLE (UPH.SHIELD)

TECHNICIAN'S REPORT

SIZE	AREA	TYPE	CODE	COMPONENTS
S	CTR CAS	Hole	60	

ADDITIONAL COMMENTS:

[] Turn Down [] Follow-Up

[X] Complete

SERVICE DATE:

6/21/10

X

VENDOR CODE: 892

AMT: \$

30

No ID

Jennifer Customer Service

SERVICE REPORT

DATE: 06/01/10
TO: FURNITURE SERVICE OF MICHIGAN
17410 Revere Road
Biker1937@aol.com
SOUTHFIELD MI 48076
Phone 248 556 8188
Fax 248 556 8191

Claim: 243441-00
FROM: Jennifer Warehouse Claim Ctr

RE: KIM SCHOENKNEC
577 W WOODLAND
FERNDAL

MI 48220

Order #/Delivery DB 037928 5/16/09
Home Phone 248 543 6071
Work Phone 248 259 7517

INSTRUCTIONS: Please schedule the above customer for service and fax back the written report or any concerns to 206-309-0432
Attn: Jennifer Claim Center. Please remember to include serial numbers with your report. MAKE NOTE OF THE NEW FAX NUMBER.

COMMENTS: PER TECH REPROT, NEED NEW MECH
MECH SET FOR SHUTTLE TO MICH WHSE ON 6/9/10

NATURE OF COMPLAINT: Warranty

ITEM	SIZE	AREA AFFECTED	TYPE OF DEFECT
VENIC B8175-Q	0622 29	Q MECHANISM	BAR(S) BENT

TECHNICIAN'S REPORT

SIZE	AREA	TYPE	CODE	COMPONENTS
Q	Meel	Bent	3m	

ADDITIONAL COMMENTS:

[] Turn Down [] Follow-Up

[X] Complete

SERVICE DATE:

6/22/10

X

VENDOR CODE: 892

AMT: \$

50

AD

ID

Jennifer Customer Service

SERVICE REPORT

DATE: 06/13/10 Claim: 245968-00
TO: FURNITURE SERVICE OF MICHIGAN FROM: Jennifer Warehouse Claim Ctr.
17410 Revere Road
Biker1937@aol.com
SOUTHFIELD MI 48076
Phone 248 556 8188
Fax 248 556 8191

RE: KIM SCHOENKNEC Order #/Delivery DB 037928 5/16/09
577 W WOODLAND Home Phone 248 543 6071
FERNDAL MI 48220 Work Phone 248 259 7517

INSTRUCTIONS: Please schedule the above customer for service and fax back the written report or any concerns to 206-309-0432
Attn: Jennifer Claim Center. Please remember to include serial numbers with your report. MAKE NOTE OF THE NEW FAX NUMBER.

COMMENTS: COMP IN TRANSIT W/APPROX ETA 6/18
SCHED TO INSTALL

NATURE OF COMPLAINT: Warranty

ITEM	SIZE	AREA AFFECTED	TYPE OF DEFECT
VENIC B8175-Q 0622 29	Q	BACK-INSIDE/OUTSIDE	SEAM(S) DEFECTIVE
VENIC B8175-Q 0622 29	Q	CASING-CTR. SEAT	DAMAGED BY MECH

TECHNICIAN'S REPORT

SIZE	AREA	TYPE	CODE	COMPONENTS
Q	1/O/BAD	SM	bm	
Q	CTR CAB		bm	

ADDITIONAL COMMENTS:

[] Turn Down [] Follow-Up [X] Complete SERVICE DATE: 6/22/10
X VENDOR CODE: 892 AMT: \$ 50

NO ID

JENNIFER CONVERTIBLES CLAIM CENTER

SERVICE REPORT COVER SHEET

SERVICE COMPANY-FURNITURE SERVICE OF MICHIGAN

VENDOR CODE # 892- DATE FAXED-----RECD-----

[illegible]

Jennifer Customer Service

SERVICE REPORT

KYNADITY
MARIMAN

DATE: 04/14/10
 TO: FURNITURE SERVICE OF MICHIGAN
 17410 Revere Road
 Biker1937@aol.com
 SOUTHFIELD MI 48076
 Phone 248 556 8188
 Fax 248 556 8191

Claim: 233978-00
 FROM: Jennifer Warehouse Claim Ctr.

RE: MICHAEL DEMING
 11301 ARDEN
 LIVONIA MI 48150

Order #/Delivery NMI 018812 3/25/09
 Home Phone 734 427 2081
 Work Phone 734 751 7348

INSTRUCTIONS: Please schedule the above customer for service and fax back the written report or any concerns to 206-309-0432
 Attn: Jennifer Claim Center. Please remember to include serial numbers with your report. MAKE NOTE OF THE NEW FAX NUMBER.

COMMENTS: PER EMAIL CUSHIONS NOT WEARING PROPERLY, LOOK TERRIBLE FOR SOFA THAT IS ONE YEAR OLD. 3 MONTHS GRACE. CORRECT ONLY IF A MANUFD FCT. REGULAR WEAR NOT COVERED.

NATURE OF COMPLAINT: Warranty

ITEM	SIZE	AREA AFFECTED	TYPE OF DEFECT
REALI B44901LR-F PYRA PU	F	ALL SEAT CASINGS	PILLING
REALI B44908R-CH PYRA PU	CH	CASING-CTR. SEAT	PILLING

TECHNICIAN'S REPORT

SIZE	AREA	TYPE	CODE	COMPONENTS
F	S/CAS	Pilling	2N	
Q	S/CAS			

ADDITIONAL COMMENTS:

WANTS TO KNOW
 IF HE WILL GET NEW S/CAS - 3

[] Turn Down [] Follow-Up [] Complete SERVICE DATE: 6/24/10

X VENDOR CODE: 892 AMT: \$ 20

NO IS AT

EXPLAINING
 JUST NORMAL USE
 Pilling of TRES
 NORMAL - COULD

CALL 11-2
 1/2 in ahead

\033&l2a00\033(s0p12h3T@+FNUM[12485568191]

A U T O - F A X Rev 2.10U

Jennifer Customer Service

S E R V I C E R E P O R T

HAR
OTTEN
JEFFERSON

DATE: 06/23/10

TO: FURNITURE SERVICE OF MICHIGAN
17410 Revere Road
Biker1937@aol.com
SOUTHFIELD MI 48076
Phone 248 556 8188
Fax 248 556 8191

Claim: 248332-00

FROM: Jennifer Warehouse Claim Ctr.

RE: KATHY QUIGLEY

Order #/Delivery DR 019901 9/16/09

34372 MUNSIE

Home Phone 586 792 9861

HARRISON TOWNSHIP MI 48045

Work Phone

INSTRUCTIONS: Please schedule the above customer for service and fax back the written report or any concerns to 206-309-0432

Attn: Jennifer Claim Center. Please remember to include serial numbers with your report. MAKE NOTE OF THE NEW FAX NUMBER.

COMMENTS: CC TO RPT MECH WON'T OPEN PROPERLY-PLS INSPECT AND CORRECT IF COVERED

NATURE OF COMPLAINT: Warranty

ITEM	SIZE	AREA AFFECTED	TYPE OF DEFECT
VENIC B5255-F 6056 00	F	MECHANISM	WON'T OPEN/CLOSE

TECHNICIAN'S REPORT

SIZE	AREA	TYPE	CODE	COMPONENTS
F	MECH	BEAT	5m	
F	MECH RAIL	BEEN	5m	
	LO			

ADDITIONAL COMMENTS:

☐ Turn Down☐ Follow-Up☒ Complete

SERVICE DATE:

6/24/10

X

VENDOR CODE: 892

AMT: \$

60

No 17

CLAIM CENTER 33200

SERVICE REPORT COVER SHEET

SERVICE COMPANY-FURNITURE SERVICE OF MICHIGAN

VENDOR CODE # 892- DATE FAXED-----RECD-----

[illegible]

Jennifer Customer Service

SERVICE REPORT

ECR250
WAYNE
WRCIC
94

DATE: 06/21/10
TO: FURNITURE SERVICE OF MICHIGAN
17410 Revere Road
Biker1937@aol.com
SOUTHFIELD MI 48076
Phone 248 556 8188
Fax 248 556 8191

Claim: 247716-00
FROM: Jennifer Warehouse Claim Ctr.

RE: DEBRA/RAY HARE
8632 WHITEHORN ST.
ROMULUS

MI 48174

Order #/Delivery DB 034019 3/04/06
Home Phone 734 728 9117
Work Phone

INSTRUCTIONS: Please schedule the above customer for service and fax back the written report or any concerns to 206-309-0432
Attn: Jennifer Claim Center. Please remember to include serial numbers with your report. MAKE NOTE OF THE NEW FAX NUMBER.

COMMENTS: PER CE CUT ON S/CAS

NATURE OF COMPLAINT: Upholstery Shield

ITEM	SIZE	AREA AFFECTED	TYPE OF DEFECT
VENIC M2765-LS 0680 29 LS	LS	CASING-CTR. SEAT	HOLE (UPH. SHIELD)
VENIC M2775-Q 0680 29 Q	Q	CASING-CTR. SEAT	HOLE (UPH. SHIELD)

TECHNICIAN'S REPORT

CAN NOT
FIX

SIZE	AREA	TYPE	CODE	COMPONENTS
Q	S/CAS	KEYS TORN	2C	NEED 2 NEW S/CASINGS
U/S	PSF ARM	TORN BY COMPUTER TOP	2C	NEED 1 NEW PSF Y/O/A
U/S	CF S/CAS	PUNCTURED	5C	

ADDITIONAL COMMENTS:

[] Turn Down

[] Follow-Up

[] Complete

SERVICE DATE:

6/26/10

X

VENDOR CODE: 892

AMT: \$ 30

KNO ID #

Jennifer Customer Service

SERVICE REPORT

DATE: 06/21/10
 TO: FURNITURE SERVICE OF MICHIGAN
 17410 Revere Road
 Biker1937@aol.com
 SOUTHFIELD MI 48076
 Phone 248 556 8188
 Fax 248 556 8191

Claim: 247511-00
 FROM: Jennifer Warehouse Claim Ctr.

RE: AYESHA SIDDIQUI
 361 ROSEVELT ST
 CANTON MI 48188

Order #/Delivery DTY 005655 6/11/10
 Home Phone 734 961 8390
 Work Phone 734 478 6138

INSTRUCTIONS: Please schedule the above customer for service and fax back the written report or any concerns to 206-309-0432
 Attn: Jennifer Claim Center. Please remember to include serial numbers with your report. MAKE NOTE OF THE NEW FAX NUMBER.

COMMENTS: NEWUSCLAIMS: CUSTOMER JUST GOT DELIVERED, THERE IS A DEPRESSION ON THE CHAIR, ON THE SEAT THE CUSHION, AND THE BACK REST THERE ARE SEVERAL (5 OF THEM)

NATURE OF COMPLAINT: Warranty

ITEM	SIZE	AREA AFFECTED	TYPE OF DEFECT
VENIC B8101-C	0622 29	C	ENTIRE PIECE

TECHNICIAN'S REPORT

SIZE	AREA	TYPE	CODE	COMPONENTS
Rec Sofa	0/S/B	Holes	5H	
Rec Sofa	1/S/B	Split	5M	
Rec Sofa	5/COORD	DENT	5M	
CHAIR	5/CAS	DAMAGED	2M	
VENICE 2755	B/CAS/US	(IN SHIPMENT)	2M	

ADDITIONAL COMMENTS:

NEED TO REPAIR
 CHAIR - CAN NOT
 REPAIR
 MANY AREAS

[] Turn Down [X] Follow-Up [] Complete SERVICE DATE: 6/26/10

X VENDOR CODE: 892 AMT: \$ 50

NO ID #

Jennifer Customer Service

SERVICE REPORT

8 mile FARMINGTON
= 11/1

DATE: 06/24/10
TO: FURNITURE SERVICE OF MICHIGAN
17410 Revere Road
Biker1937@aol.com
SOUTHFIELD MI 48076
Phone 248 556 8188
Fax 248 556 8191

Claim: 248962-00
FROM: Jennifer Warehouse Claim Ctr.

RE: MARIE VELLA
20226 LAUREL DRI
LIVONIA MI 48152

Order #/Delivery NMI-019425-12/17/09
Home Phone 313-520-7611
Work Phone 248 473 5481

INSTRUCTIONS: Please schedule the above customer for service and fax back the written report or any concerns to 206-309-0432
Attn: Jennifer Claim Center. Please remember to include serial numbers with your report. MAKE NOTE OF THE NEW FAX NUMBER.

COMMENTS: C/C SAYS THAT THE BARS OF THE MECH BROKE ON BOTH SIDES
PLEASE INSPECT AND CORRECT

NATURE OF COMPLAINT: Warranty

ITEM	SIZE	AREA AFFECTED	TYPE OF DEFECT
VENIC T9775-Q	7750 18 Q	MECHANISM	BROKEN

TECHNICIAN'S REPORT

SIZE	AREA	TYPE	CODE	COMPONENTS
Q	MECH	BROKEN	Zm	NEED ① NOW MECH

ADDITIONAL COMMENTS:

[] Turn Down

[X] Follow-Up

[] Complete

SERVICE DATE:

6 26 / 10

X

VENDOR CODE: 892

AMT: \$

20

no 18

5:00 AM

Jennifer Customer Service

S E R V I C E R E P O R T

240214-00
94

DATE: 05/16/10

240214-00

TO: FURNITURE SERVICE OF MICHIGAN
17410 Revere Road
Biker1937@aol.com
SOUTHFIELD MI 48076
Phone 248 556 8188
Fax 248 556 8191

FROM: Jennifer Warehouse Claim Ctr.

RE: MARQUETTA LAMBERT
8960 HARDWOOD DRI
BELLEVILLE MI 48111

Order # NMI 019926 4/03/10
Home Phone 734 697 3404
Work Phone 734 233 7609

INSTRUCTIONS: Please schedule the above customer for service and fax back the written report or any concerns to 206-309-0432
Attn: Jennifer Claim Center. Please remember to include serial numbers with your report. MAKE NOTE OF THE NEW FAX NUMBER.

COMMENTS: C/C HAS COMP PLEASE INSTALL

NATURE OF COMPLAINT: Warranty

ITEM	SIZE	AREA AFFECTED	TYPE OF DEFECT
VENIC C2415-S 0705 89	S	T-NUT(S)	MISSING

TECHNICIAN'S REPORT

SIZE	AREA	TYPE	CODE	COMPONENTS
500A	T-NUTS	MISSING	6m	

ADDITIONAL COMMENTS:

[] Turn Down [] Follow-Up [X] Complete SERVICE DATE: 6/26/10
X VENDOR CODE: 892 AMT: \$ 30

NO (18)

Jennifer Customer Service

SERVICE REPORT

DATE: 06/13/10

Claim: 245985-00

TO: FURNITURE SERVICE OF MICHIGAN
17410 Revere Road
Biker1937@aol.com
SOUTHFIELD MI 48076
Phone 248 556 8188
Fax 248 556 8191

FROM: Jennifer Warehouse Claim Ctr.

RE: DIANNE LAUDE
23355 STROMP COURT
BROWNSTOWN MI 48183

Order #/Delivery DTY 005631 5/20/10
Home Phone 313 303 4739
Work Phone 313 303 4708

INSTRUCTIONS: Please schedule the above customer for service and fax back the written report or any concerns to 206-309-0432
Attn: Jennifer Claim Center. Please remember to include serial numbers with your report. MAKE NOTE OF THE NEW FAX NUMBER.

COMMENTS: COMPS IN TRANSIT W/APPROX ETA 6/18
SCHED TO INSTALL

NATURE OF COMPLAINT: Warranty

ITEM	SIZE	AREA AFFECTED	TYPE OF DEFECT
VENIC C5117RAF-Q 0201 30	Q	CASING-LAF SEAT	DIRT ON DLVRY
VENIC C5117RAF-Q 0201 30	Q	CASING-RAF SEAT	DIRT ON DLVRY

TECHNICIAN'S REPORT

SIZE	AREA	TYPE	CODE	COMPONENTS
Q	CAS	DIRT	6H	
Q	SAB	DIRT	6N	

ADDITIONAL COMMENTS:

☐ Turn Down☐ Follow-Up☒ Complete

SERVICE DATE:

6/26/10

X

VENDOR CODE: 892

AMT: \$

30

NO ID

שש

JENNIFER CONVERTIBLES CLAIM CENTER

SERVICE REPORT COVER SHEET

SERVICE COMPANY-FURNITURE SERVICE OF MICHIGAN

VENDOR CODE # 892- DATE FAXED-----RECD-----

[illegible]

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A U T O - F A X Rev 2.10U

Jennifer Customer Service

S E R V I C E R E P O R T

DATE: 06/09/10

TO: FURNITURE SERVICE OF MICHIGAN
17410 Revere Road
Biker1937@aol.com
SOUTHFIELD MI 48076
Phone 248 556 8188
Fax 248 556 8191

Claim: 245636-00

FROM: Jennifer Warehouse Claim Ctr.

RE: SHAWN POWERS

42600 GREEN VALLEY
CLINTON TOWNSHIP

MI 48038

Order #/Delivery DU 015969 5/12/10

APT: 2211 Home Phone 586 909 0310

Work Phone 586 530 7184

INSTRUCTIONS: Please schedule the above customer for service and fax back the written report or any concerns to 206-309-0432

Attn: Jennifer Claim Center. Please remember to include serial numbers with your report. MAKE NOTE OF THE NEW FAX NUMBER.

COMMENTS: CC TO SAY THE FRAME OF OF SOFA CREAKS BADLY WHEN SHE SITS ON IT AND THE BACKS OF THE SOFA ARE LOOSE. PLEASE SEND TECH TO FIX. ONLY COVERED FOR MANUF DFCTS. HANDLING DMG NTO COV

NATURE OF COMPLAINT: Warranty

ITEM	SIZE	AREA AFFECTED	TYPE OF DEFECT
VENIC C3614RAF-S 0100 35	S	FRAME	LOOSE
VENIC C3634LAF-S 0100 35	S	FRAME	LOOSE

TECHNICIAN'S REPORT

SIZE	AREA	TYPE	CODE	COMPONENTS
LAF	BACK	LOOSE	5m	
RAF	BACK	LOOSE	5m	
OFF	LEGS	LOOSE	5m	

ADDITIONAL COMMENTS:

BUT MACHINE STITCHING ON
BOTH POS ARE SPLITTING IN MANY PLACES -
CAN NOT REPAIR, ALL STITCHING OPENING -

☐ Turn Down☒ Follow-Up☐ Complete

SERVICE DATE:

6, 29 10

X

VENDOR CODE: 892

AMT: \$ 30

MFR Problem

Jennifer Customer Service

S E R V I C E R E P O R T

DATE: 05/20/10

TO: FURNITURE SERVICE OF MICHIGAN
17410 Revere Road
Biker1937@aol.com
SOUTHFIELD MI 48076
Phone 248 556 8188
Fax 248 556 8191

Claim: 241567-00

FROM: Jennifer Warehouse Claim Ctr.

RE: ANTHONY BARNES
400 BAGLEY
DETROIT MI 48226

Order #/Delivery DB 037752 3/11/09
APT: 1917 Home Phone 313 400 1294
Work Phone

INSTRUCTIONS: Please schedule the above customer for service and fax back the written report or any concerns to 206-309-0432
Attn: Jennifer Claim Center. Please remember to include serial numbers with your report. MAKE NOTE OF THE NEW FAX NUMBER.

COMMENTS: C/C BECAUSE NOW THE LEFT ARM IS PEELING
PLEASE GIVE A DETAIL REPORT

NATURE OF COMPLAINT: Warranty

ITEM	SIZE	AREA AFFECTED	TYPE OF DEFECT
STRAT F7375-Q	0628 26	Q ARM-LAF IN/OUT	PEELING

TECHNICIAN'S REPORT

SIZE	AREA	TYPE	CODE	COMPONENTS
Q	CF/ARM	SM LEATHER SPRIT CASE	2	Need 1 New US CSF 1/0/A

ADDITIONAL COMMENTS:

[] Turn Down

[X] Follow-Up

[] Complete

SERVICE DATE:

6/30/10

X

VENDOR CODE: 892

AMT: \$ 20

200 17

Jennifer Customer Service

SERVICE REPORT

DATE: 06/21/10

Claim: 247520-00

TO: FURNITURE SERVICE OF MICHIGAN
17410 Revere Road
Biker1937@aol.com
SOUTHFIELD MI 48076
Phone 248 556 8188
Fax 248 556 8191

FROM: Jennifer Warehouse Claim Ctr.

RE: LINDA PICKERING
300 RIVERFORNT DR
DETROIT

Order #/Delivery DTY 005589 6/12/10

APT: 7B Home Phone 313 567 7767

MI 48226

Work Phone 248 877 5407

INSTRUCTIONS: Please schedule the above customer for service and fax back the written report or any concerns to 206-309-0432
Attn: Jennifer Claim Center. Please remember to include serial numbers with your report. MAKE NOTE OF THE NEW FAX NUMBER.

COMMENTS: NEWUSCLAIMS: MARK ON THE CUSHION

NATURE OF COMPLAINT: Warranty

ITEM	SIZE	AREA AFFECTED	TYPE OF DEFECT
VENIC B8175-Q 0622 29	Q	CASING-CTR. SEAT	DIRT ON DLVRY

TECHNICIAN'S REPORT

SIZE	AREA	TYPE	CODE	COMPONENTS
Q	RF / CUSHION	FACTORY MARK	2m	COULD NOT REMOVE NEED NEW PUFFS/a
Q	RF / Arm	TAPE STUCK	1m	

ADDITIONAL COMMENTS:

☐ Turn Down☒ Follow-Up☐ Complete

SERVICE DATE:

6/30/10

X

VENDOR CODE: 892

AMT: \$ 30

NO 9

Jennifer Customer Service

SERVICE REPORT

DATE: 06/27/10
TO: FURNITURE SERVICE OF MICHIGAN
17410 Revere Road
Biker1937@aol.com
SOUTHFIELD MI 48076
Phone 248 556 8188
Fax 248 556 8191

Claim: 249091-00
FROM: Jennifer Warehouse Claim Ctr.

RE: KATHY HORECKI
200 RIVERFRONT
313-595-9797
DETROIT

Order #/Delivery DR 020371 6/04/10
APT: 3C Home Phone 313 656 5138

MI 48226

Work Phone 313-974-6210

INSTRUCTIONS: Please schedule the above customer for service and fax back the written report or any concerns to 206-309-0432
Attn: Jennifer Claim Center. Please remember to include serial numbers with your report. MAKE NOTE OF THE NEW FAX NUMBER.

COMMENTS: RET AT NO CHG-CUST STATES DIRT MARKS STILL THERE AFTER THE FURNTIURE DRIED-PLS REMOVE STAINS

NATURE OF COMPLAINT: Warranty

ITEM	SIZE	AREA AFFECTED	TYPE OF DEFECT
VENIC C7613RAF-S 0010 30	S	ALL SEAT CASINGS	DIRT ON DLVRY
VENIC C7616ALF-C 0010 30	C	FRONT BOARD (COMP)	DIRT ON DLVRY

TECHNICIAN'S REPORT

SIZE	AREA	TYPE	CODE	COMPONENTS
------	------	------	------	------------

CAF CHAIR

S/CAS

TYPE

CODE

COMPONENTS

MARK FROM FACTORY

2m

will offer corner
new
need to new
OKS SPAS ONLY

ADDITIONAL COMMENTS:

All OTHER AREAS WE
CLEANED PREVIOUSLY ARE
STILL CLEAN

☐ Turn Down☒ Follow-Up☐ Complete

SERVICE DATE: 6/30/10

X

VENDOR CODE: 892

AMT: \$ 20

NO

3

42505

SERVICE REPORT COVER SHEET

VENDOR CODE # 892- DATE FAXED-----RECD-----

7-5-10

[illegible]

Jennifer Customer Service

SERVICE REPORT

DATE: 06/17/10
TO: FURNITURE SERVICE OF MICHIGAN
17410 Revere Road
Biker1937@aol.com
SOUTHFIELD MI 48076
Phone 248 556 8188
Fax 248 556 8191

Claim: 247370-00
FROM: Jennifer Warehouse Claim Ctr.

RE: NANCY BONNER
3103 MAPLEWOOD
ROYAL OAK

MI 48073

Order #/Delivery DB 038833 5/14/10
Home Phone 248 990 5281
Work Phone

INSTRUCTIONS: Please schedule the above customer for service and fax back the written report or any concerns to 206-309-0432
Attn: Jennifer Claim Center. Please remember to include serial numbers with your report. MAKE NOTE OF THE NEW FAX NUMBER.

COMMENTS: ARM COMP IS IN TRANSIT TO CUST W/APPROX ETA 6/24
SCHEDULE TO INSTALL.

NATURE OF COMPLAINT: Warranty

ITEM	SIZE	AREA AFFECTED	TYPE OF DEFECT
VENIC C4015-S 0201 30	S	ARM-LAF IN/OUT	SEAM(S) DEFECTIVE

TECHNICIAN'S REPORT

SIZE	AREA	TYPE	CODE	COMPONENTS
SP	CF 1/0/ARM	Sm D	6	m

ADDITIONAL COMMENTS:

☐ Turn Down☐ Follow-Up☒ Complete

SERVICE DATE:

7.1.10

X

VENDOR CODE: 892

AMT: \$ 50

D 721/3501

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A U T O - F A X Rev 2.10U

Jennifer Customer Service

S E R V I C E R E P O R T

DATE: 06/15/10

TO: FURNITURE SERVICE OF MICHIGAN
17410 Revere Road
Biker1937@aol.com
SOUTHFIELD MI 48076
Phone 248 556 8188
Fax 248 556 8191

Claim: 246488-00
FROM: Jennifer Warehouse Claim Ctr.

RE: GERALDINE HOWARD
1550 EAST CLARK RD
YPSILANTI MI 48198

Order #/Delivery DTY 005638 5/12/10

APT: 724 Home Phone 313 930 1818

Work Phone 734 796 5992

INSTRUCTIONS: Please schedule the above customer for service and fax back the written report or any concerns to 206-309-0432
Attn: Jennifer Claim Center. Please remember to include serial numbers with your report. MAKE NOTE OF THE NEW FAX NUMBER.

COMMENTS: ~~PLS REPLACE MECH AS PER TECH RPT BROKEN~~~~MICROFIBER-SOFTEE~~~~MECH SET FOR SHUTTLE TO MICH WHSE 6/23~~

NATURE OF COMPLAINT: Warranty

ITEM	SIZE	AREA AFFECTED	TYPE OF DEFECT
VENIC B5155-F 7850 12	F	MECHANISM	BROKEN

TECHNICIAN'S REPORT

SIZE	AREA	TYPE	CODE	COMPONENTS
77	MECH	BROKEN	3m	
77	F/B	Collapsed	5m	
77	F/B/3KIRT	Pull off	5m	
	Cover			

ADDITIONAL COMMENTS:

☐ Turn Down☐ Follow-Up☒ Complete

SERVICE DATE:

7.3.10

X


VENDOR CODE: 892

AMT: \$

75

732-115

22606

[illegible]

Jennifer Customer Service

SERVICE REPORT

DATE: 06/13/10
 TO: FURNITURE SERVICE OF MICHIGAN
 17410 Revere Road
 Biker1937@aol.com
 SOUTHFIELD MI 48076
 Phone 248 556 8188
 Fax 248 556 8191

Claim: 246224-00

FROM: Jennifer Warehouse Claim Ctr.

RE: MELANIE FOURNIER
264 CHARLEVOIX-ST
 ROYAL OAK

MI 48073

Order #/Delivery DB 038039 7/08/09

Home Phone 248 224 4857

Work Phone

INSTRUCTIONS: Please schedule the above customer for service and fax back the written report or any concerns to 206-309-0432

Attn: Jennifer Claim Center. Please remember to include serial numbers with your report. MAKE NOTE OF THE NEW FAX NUMBER.

COMMENTS: C/E SAYS THAT THERE IS A BKN ARM PANEL & A BAR ON THE BED
 MECH IS NOT WORKING CORRECTLY PLS INSPECT & ADVISE L OR R
 **ASK CUST TO CONFIRM ZIP EMAIL SAYS 48017 BUT DIF TOWN??

NATURE OF COMPLAINT: Warranty

ITEM	SIZE	AREA AFFECTED	TYPE OF DEFECT
VENIC B5155-F 7850 12	F	ARM-LAF IN/OUT	BROKEN
VENIC B5155-F 7850 12	F	MECHANISM	BROKEN

TECHNICIAN'S REPORT

SIZE	AREA	TYPE	CODE	COMPONENTS
F	Mech	Bent	5m	
F	LF 1/0/ARM	5m DTS	2m	Need (2) now
		4 wood Bkn		LF 1/0/ARM

ADDITIONAL COMMENTS:

[] Turn Down

[X] Follow-Up

[] Complete

SERVICE DATE:

7/7/10

X

VENDOR CODE: 892

AMT: \$

30

NO

17

14 m/b
 main

Call - 248 224 4857
 586
 576
 1636

\033&12a00\033(s0p12h3T@+FNUM[12485568191]

A U T O - F A X Rev 2.10U

Jennifer Customer Service

S E R V I C E R E P O R T

DATE: 05/30/10

Claim: 243307-00

TO: FURNITURE SERVICE OF MICHIGAN

FROM: Jennifer Warehouse Claim Ctr.

17410 Revere Road

Biker1937@aol.com

SOUTHFIELD

MI 48076

Phone 248 556 8188

Fax 248 556 8191

RE: THOMAS BURNS

283 ALBANY ST

FERNDAL

MI 48220

Order #/Delivery DB 031067 6/19/04

APT: 2 Home Phone 248 298 6678

Work Phone 248 259 4364

INSTRUCTIONS: Please schedule the above customer for service and fax back the written report or any concerns to 206-309-0432
Attn: Jennifer Claim Center. Please remember to include serial numbers with your report. MAKE NOTE OF THE NEW FAX NUMBER.

COMMENTS: COMP IN TRANSIT W/APPROX ETA 6/7
SCHED TO INSTALL
LEATHER MDSE

NATURE OF COMPLAINT: Upholstery Shield

ITEM	SIZE	AREA AFFECTED	TYPE OF DEFECT
VENIC M2715-S 0680 29	S	CASING-CTR. BACK	HOLE (UPH.SHIELD)

TECHNICIAN'S REPORT

SIZE	AREA	TYPE	CODE	COMPONENTS
S	SHIELD	Hole	68	
		Hole		

ADDITIONAL COMMENTS:

☐ Turn Down☐ Follow-Up☒ Complete

SERVICE DATE: 7/7/10

X

VENDOR CODE: 892

AMT: \$ 30

X

Jennifer Customer Service

SERVICE REPORT

DATE: 05/20/10

TO: FURNITURE SERVICE OF MICHIGAN
17410 Revere Road
Biker1937@aol.com
SOUTHFIELD MI 48076
Phone 248 556 8188
Fax 248 556 8191

Claim: 241478-00

FROM: Jennifer Warehouse Claim Ctr.

RE: CHRISTINE KENNY

1706 WEST FARNUM AVE.
ROYAL OAK MI 48067

Order #/Delivery DA 028050 6/30/05

Home Phone 734 678 1326

Work Phone 248 414 9809

INSTRUCTIONS: Please schedule the above customer for service and fax back the written report or any concerns to 206-309-0432
Attn: Jennifer Claim Center. Please remember to include serial numbers with your report. MAKE NOTE OF THE NEW FAX NUMBER.

COMMENTS: PER EMAIL HAVE PROTECITON AND NEED A FEW STAINS CLENAED
CLEAN FRESH FOOD OR DRINK. NO RECORD OF PREV CLAIMS IN 5 YEARS.

NATURE OF COMPLAINT: Upholstery Shield

ITEM	SIZE	AREA AFFECTED	TYPE OF DEFECT
VENIC Z1513RAF-S 7970 21	S	CASING-CTR. SEAT	FOOD
VENIC Z1516LAF-S 7970 21	S	CASING-CTR. SEAT	DRINK/BEVERAGE

TECHNICIAN'S REPORT

SIZE	AREA	TYPE	CODE	COMPONENTS
ENTIRE	SEAT	SOIL	20	
	BACK	USE		
	FLOR	STAIN		
	EVERYWHERE	SPOTS		

ADDITIONAL COMMENTS:

[] Turn Down [] Follow-Up [] Complete SERVICE DATE: 7/7/10

X VENDOR CODE: 892 AMT: \$ 20

was done
CAYANA

CAN NOT CLEAN SPOT
NEED ALL OVER CLEANING PRO

\033&l2a00\033(s0p12h3T@+FNUM[12485568191]

A U T O - F A X Rev 2.10U

Jennifer Customer Service

S E R V I C E R E P O R T

DATE: 07/01/10
 TO: FURNITURE SERVICE OF MICHIGAN
 17410 Revere Road
 Biker1937@aol.com
 SOUTHFIELD MI 48076
 Phone 248 556 8188
 Fax 248 556 8191

Claim: 250409-00
 FROM: Jennifer Warehouse Claim Ctr.

RE: PAMELA GLEFKE
 34235 MUNSIE
 HARRISON TOWNSHIP MI 48045

Order #/Delivery DR 901453 6/30/10
 Home Phone 586 242 0970
 Work Phone 586 792 0597

INSTRUCTIONS: Please schedule the above customer for service and fax back the written report or any concerns to 206-309-0432
 Attn: Jennifer Claim Center. Please remember to include serial numbers with your report. MAKE NOTE OF THE NEW FAX NUMBER.

COMMENTS: CC STATES FOOTREST IS COMPLETELY LOOSE, STAINED CHAIR, CHALK THE #9 IS WRITTEN ON THE CHAIR, ARMS ARE BROKEN, CUST IS UPSET & WANTS A REFUND, THIS IS A CPU, CUST MUST ALLOW FOR

NATURE OF COMPLAINT: Warranty

ITEM	SIZE	AREA AFFECTED	TYPE OF DEFECT
VENIC B2391-RR 6357 00	RCLN	FOOT REST	LOOSE
VENIC B2391-RR 6357 00	RCLN	ARM-LAF OUTSIDE	DIRT ON DLVRY
VENIC B2391-RR 6357 00	RCLN	ARM-LAF IN/OUT	BROKEN
VENIC B2391-RR 6357 00	RCLN	ARM-RAF IN/OUT	BROKEN

TECHNICIAN'S REPORT

SIZE	AREA	TYPE	CODE	COMPONENTS
PC	Back Panel	BROKEN WOOD	2M	CAN NOT REPAIR THIS
CHAIR	SEAT	SM DTS	2m	
RF/A	MARCKES IN FABRIC	LAD DTS	2m	
CF/ARM	UNELON	CROOKED	2m	

ADDITIONAL COMMENTS:

MORE PROBLEMS
 ALSO
 ALTERNATION

[] Turn Down [] Follow-Up [] Complete SERVICE DATE: 7/7/10

X VENDOR CODE: 892 AMT: \$ 20

NO ID#

\033&l2a00\033(s0pl2h3T@+FNUM[12485568191]

A U T O - F A X Rev 2.10U

Jennifer Customer Service

S E R V I C E R E P O R T

DATE: 06/15/10

TO: FURNITURE SERVICE OF MICHIGAN
17410 Revere Road
Biker1937@aol.com
SOUTHFIELD MI 48076
Phone 248 556 8188
Fax 248 556 8191

Claim: 246476-00
FROM: Jennifer Warehouse Claim Ctr.

RE: TRACY EDWARD
5810 CHARLES
DETROIT

MI 48212

Order #/Delivery DR 020269 5/12/10
Home Phone 313 526 3083
Work Phone 313 740 4418

INSTRUCTIONS: Please schedule the above customer for service and fax back the written report or any concerns to 206-309-0432
Attn: Jennifer Claim Center. Please remember to include serial numbers with your report. MAKE NOTE OF THE NEW FAX NUMBER.

COMMENTS: C/C SAYS THAT THE FRAME OF THE IOB OF THE RC IS SQUEAKING
PLEASE INSPECT AND CORRECT
MICROFIBER MDSE

NATURE OF COMPLAINT: Warranty

ITEM	SIZE	AREA AFFECTED	TYPE OF DEFECT
VENIC T9791-RC 7750 18	RC	BACK-INSIDE/OUTSIDE	SQUEAK

TECHNICIAN'S REPORT

SIZE	AREA	TYPE	CODE	COMPONENTS
RC	Base	Noise Rocky SPRINGS	SM	

ADDITIONAL COMMENTS:

☐ Turn Down ☐ Follow-Up☒ Complete

SERVICE DATE: 7/7/10

X

VENDOR CODE: 892

AMT: \$ 30

NO ID

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A U T O - F A X Rev 2.10U

Jennifer Customer Service

S E R V I C E R E P O R T

DATE: 06/13/10 Claim: 245935-00
TO: FURNITURE SERVICE OF MICHIGAN FROM: Jennifer Warehouse Claim Ctr.
17410 Revere Road
Biker1937@aol.com
SOUTHFIELD MI 48076
Phone 248 556 8188
Fax 248 556 8191

RE: SALLY WINKELMAN Order #/Delivery DB 038304 10/24/09
29260 FRANKLIN RD APT: 606 Home Phone 248 225 0578
SOUTHFIELD MI 48034 Work Phone

INSTRUCTIONS: Please schedule the above customer for service and fax back the
written report or any concerns to 206-309-0432
Attn: Jennifer Claim Center. Please remember to include serial
numbers with your report. MAKE NOTE OF THE NEW FAX NUMBER.

COMMENTS: COMP IN TRANSIT W/APPROX ETA 6/18
SCHED TO INSTALL
FABRIC MDSE

NATURE OF COMPLAINT: Warranty

ITEM	SIZE	AREA AFFECTED	TYPE OF DEFECT
VENIC B5255-F 6056 00	F	CASING-LAF SEAT	SHIPPED WRONG

TECHNICIAN'S REPORT

SIZE	AREA	TYPE	CODE	COMPONENTS
F	S/CAS	SPAT	607	
		SFB		

ADDITIONAL COMMENTS:

☐ Turn Down ☐ Follow-Up☒ Complete

SERVICE DATE: 7/8/10

X

VENDOR CODE: 892

AMT: \$ 30

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A U T O - F A X Rev 2.10U

Jennifer Customer Service

S E R V I C E R E P O R T

DATE: 06/29/10

Claim: 249674-00

TO: FURNITURE SERVICE OF MICHIGAN
17410 Revere Road
Biker1937@aol.com
SOUTHFIELD MI 48076
Phone 248 556 8188
Fax 248 556 8191

FROM: Jennifer Warehouse Claim Ctr.

RE: FANZI, ABDULLA
15104 COLSON ST
DEARBORN MI 48126

Order #/Delivery NMI 017226 9/24/07

Home Phone 313 485 5007

Work Phone

INSTRUCTIONS: Please schedule the above customer for service and fax back the written report or any concerns to 206-309-0432

Attn: Jennifer Claim Center. Please remember to include serial numbers with your report. MAKE NOTE OF THE NEW FAX NUMBER.

COMMENTS: C/C SAYS THAT THERE IS A TEAR ON THE LAF-S ON THE LF IOA AND THE RAF-S ON THE RF IOA
PLEASE INSPECT AND CORRECT

NATURE OF COMPLAINT: Upholstery Shield

ITEM	SIZE	AREA AFFECTED	TYPE OF DEFECT
VENIC G9713RAF-S 0616 29	S	ARM-RAF IN/OUT	HOLE (UPH. SHIELD)
VENIC G9716LAF-S 0616 29	S	ARM-LAF IN/OUT	HOLE (UPH. SHIELD)

TECHNICIAN'S REPORT

SIZE	AREA	TYPE	CODE	COMPONENTS
LAF	LA/LAF	HOLE	2C	NEED LF 1/0/ARM
RAF	RAF	HOLE	2C	NEED RF 1/0/ARM
LAF	1/5/B	TORN AWAY AT SEAMS		ALL ACROSS
LAF	2 S/CAS	WORK, CRACKS, FEELING		
RAF	ALL	EXPANDING NOT COVERED		

ADDITIONAL COMMENTS: CUST SAID WOULD ALL BE COVERED UNDER GUARANTEE - 8

[] Turn Down [X] Follow-Up [] Complete SERVICE DATE: 7/8/10
X _____ VENDOR CODE: 892 AMT: \$ 20

NO ID

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A U T O - F A X Rev 2.10U

Jennifer Customer Service

S E R V I C E R E P O R T

DATE: 06/03/10
 TO: FURNITURE SERVICE OF MICHIGAN
 17410 Revere Road
 Biker1937@aol.com
 SOUTHFIELD MI 48076
 Phone 248 556 8188
 Fax 248 556 8191

Claim: 244256-00
 FROM: Jennifer Warehouse Claim Ctr.

RE: COREY SANDERS
 22117 MELROSE CT
 EASTPOINTE

MI 48021

Order #/Delivery DR 017794 9/13/06
 Home Phone 586 779 9566
 Work Phone 313 477 0152 CELL

INSTRUCTIONS: Please schedule the above customer for service and fax back the written report or any concerns to 206-309-0432
 Attn: Jennifer Claim Center. Please remember to include serial numbers with your report. MAKE NOTE OF THE NEW FAX NUMBER.

COMMENTS: C/C SAYS THAT THEY RECIEVE COMPS PLEASE INSTALL.

NATURE OF COMPLAINT: Upholstery Shield

ITEM	SIZE	AREA AFFECTED	TYPE OF DEFECT
VENIC M2701-C 0680 29	C	ARM-RAF IN/OUT	HOLE (UPH.SHIELD)
VENIC M2701-C 0680 29	C	ARM-LAF IN/OUT	HOLE (UPH.SHIELD)
VENIC M2715-S 0680 29	S	FB W/ATT S/CAS	HOLE (UPH.SHIELD)

TECHNICIAN'S REPORT

SIZE	AREA	TYPE	CODE	COMPONENTS
S	F/B w/ATT S/CAS	Holes	6C	w small cores
S	B/CAS	Hole	5C	AND F/B w/ATT S/CAS
CHAIR	S/CAS	Holes	2C	NEED (1) NEW
4 SEAT	S/CAS	Holes	2C	S/CAS w/ATT F/B
ADDITIONAL COMMENTS: FROM TOYS				NEED (1) NEW F/B w/ATT S/CAS

[] Turn Down [X] Follow-Up [] Complete SERVICE DATE: 7/9/10
 X VENDOR CODE: 892 AMT: \$ 75

37681888

NO (1)

Jennifer Customer Service

SERVICE REPORT

DATE: 06/13/10
 TO: FURNITURE SERVICE OF MICHIGAN
 17410 Revere Road
 Biker1937@aol.com
 SOUTHFIELD MI 48076
 Phone 248 556 8188
 Fax 248 556 8191

Claim: 245956-00
 FROM: Jennifer Warehouse Claim Ctr.

RE: MICHAEL DALIMONTE
 3679 MILDRED
 ROCHESTER HILLS MI 48309

Order #/Delivery DU 015998 6/11/10
 Home Phone 248 762 4862
 Work Phone 248 853 3397

INSTRUCTIONS: Please schedule the above customer for service and fax back the written report or any concerns to 206-309-0432
 Attn: Jennifer Claim Center. Please remember to include serial numbers with your report. MAKE NOTE OF THE NEW FAX NUMBER.

COMMENTS: C/C SAYS THAT SHE FOUND A HOLE ON THE LF S/CAS ON THE
 RECLING SOFA MICROFIBER MDSE
 PLEASE INSPECT AND CORRECT

NATURE OF COMPLAINT: Warranty

ITEM	SIZE	AREA AFFECTED	TYPE OF DEFECT
VENIC W0547-RS 6098 29	RS	CASING-LAF SEAT	HOLE (WARRANTY)

TECHNICIAN'S REPORT

SIZE	AREA	TYPE	CODE	COMPONENTS
RS	LF SEAT	Hole in Seat	2m/H	
RS	ARM	Hole in Top	2m/H	
RS	SEAT	Hole	2m/H	

ADDITIONAL COMMENTS:

[] Turn Down

[] Follow-Up

[] Complete

SERVICE DATE: 7/9/10

X

VENDOR CODE: 892

AMT: \$ 20

No ID#

S. BUD

CHOOB

SA LAKE

WARRANTY

Has Small Compacts
 Tare out Back Arm to Be
 Holes Seat Small - appear
 very mfrz DFB
 Suspect
 Eromang
 Possible

SERVICE REPORT COVER SHEET
SERVICE COMPANY-FURNITURE SERVICE OF MICHIGAN
VENDOR CODE # 892- DATE FAXED-----RECD-----

[illegible]

Jennifer Customer Service

SERVICE REPORT

DATE: 07/01/10

TO: FURNITURE SERVICE OF MICHIGAN

17410 Revere Road

Biker1937@aol.com

SOUTHFIELD

MI 48076

Phone 248 556 8188

Fax 248 556 8191

Claim: 250504-00

FROM: Jennifer Warehouse Claim Ctr.

RE: JEFF KEEHR
26602 WILTON
NEW HUDSON

MI 48165

Order #/Delivery NMI 020153 6/26/10

Home Phone 248 914 2522

Work Phone

INSTRUCTIONS: Please schedule the above customer for service and fax back the written report or any concerns to 206-309-0432
Attn: Jennifer Claim Center. Please remember to include serial numbers with your report. MAKE NOTE OF THE NEW FAX NUMBER.

COMMENTS: CC STATES SOFA IS UNEVEN, RF MECH WON'T OPEN UP AT ALL, LF MECH IS LEANING TO THE LEFT, CORES UNEVEN, WILL SEND SVC TECH

NATURE OF COMPLAINT: Warranty

ITEM	SIZE	AREA AFFECTED	TYPE OF DEFECT
VENIC B7027-RLS 0634 09	RLS	MECHANISM	WON'T OPEN/CLOSE
VENIC B7027-RLS 0634 09	RLS	MECHANISM	UNEVEN
VENIC B7027-RLS 0634 09	RLS	ALL SEAT CORES	UNEVEN

TECHNICIAN'S REPORT

SIZE	AREA	TYPE	CODE	COMPONENTS
RF	MECH	TWISTED	2m	
LS	FOOTREST	UPR WRONG	2m	
		NEED (1) NEW LF SEAT MECH		
	FOR REC	4S - CAN REPAIR		
	FOOTREST - SEAT	CUSHION CORE ALSO		
		OFF CENTER -		

ADDITIONAL COMMENTS:

CUSTOMER ASKS FOR REPLACEMENT
LEGITIMATE - FAULTS MFR

[] Turn Down [X] Follow-Up [] Complete SERVICE DATE: 7/10/10

X VENDOR CODE: 892 AMT: \$ 20

NO ID

Jennifer Customer Service

SERVICE REPORT

DATE: 06/27/10
 TO: FURNITURE SERVICE OF MICHIGAN
 17410 Revere Road
 Biker1937@aol.com
 SOUTHFIELD MI 48076
 Phone 248 556 8188
 Fax 248 556 8191

Claim: 249223-00
 FROM: Jennifer Warehouse Claim Ctr.

RE: CATHY DONEGAN

Order #/Delivery DU 016020-6/24/10

13312 NEAL

Home Phone 248 807 0594

DAVISBURG

MI 48350

Work Phone

INSTRUCTIONS: Please schedule the above customer for service and fax back the written report or any concerns to 206-309-0432
 Attn: Jennifer Claim Center. Please remember to include serial numbers with your report. MAKE NOTE OF THE NEW FAX NUMBER.

COMMENTS: C/C SAYS THAT THE CTR B/CAS THERE IS A DENT CAUSED BY A SQUARE LEG ON BOTH CHAIRS
 PLEASE INSPECT AND CORRECT

NATURE OF COMPLAINT: Warranty

ITEM	SIZE	AREA AFFECTED	TYPE OF DEFECT
VENIC B8101-C 0622 29	C	CASING-CTR. BACK	DENT(S)
VENIC B8101-C 0622 29	C	CASING-CTR. BACK	DENT(S)

TECHNICIAN'S REPORT

SIZE	AREA	TYPE	CODE	COMPONENTS
ON (2)	B/CAS	Defective Imprints -	2m	NEED B/CASING ONLY
CHAIRS		CANT FIX -		
CHR	S/CAS	DENT	5m	

ADDITIONAL COMMENTS:

NEED (2) NEW B/CASING
 ONLY - 10 for each chair

[] Turn Down

[] Follow-Up

[] Complete

SERVICE DATE:

7/10/10

X

VENDOR CODE: 892

AMT: \$ 30

No ID#

8/8/88

VENDOR CODE # 892- DATE FAXED-----RECD-----

[illegible]

Jennifer Customer Service

SERVICE REPORT

DATE: 06/22/10
 TO: FURNITURE SERVICE OF MICHIGAN
 17410 Revere Road
 Biker1937@aol.com
 SOUTHFIELD MI 48076
 Phone 248 556 8188
 Fax 248 556 8191

Claim: 247995-00

FROM: Jennifer Warehouse Claim Ctr.

RE: ROY ANDERSON
 23875 BEACON ST
 FARMINGTN HLS MI 48336

Order #/Delivery NMI 015955 1/03/07
 Home Phone 248 426 6724
 Work Phone 248 885 7177 CELL

INSTRUCTIONS: Please schedule the above customer for service and fax back the written report or any concerns to 206-309-0432
 Attn: Jennifer Claim Center. Please remember to include serial numbers with your report. MAKE NOTE OF THE NEW FAX NUMBER.

COMMENTS: CUSTOMER RECIVED PARTS. NEED TECH TO INSTALL
 LEATHER MDSE

NATURE OF COMPLAINT: Upholstery Shield

ITEM	SIZE	AREA AFFECTED	TYPE OF DEFECT
VENIC M2765-LS 0680 29	LS	FB W/ATT S/CAS	RECEIVED

TECHNICIAN'S REPORT

SIZE	AREA	TYPE	CODE	COMPONENTS
LS	FB W/ATT S/CAS	Hole	6C	
LS	0/CAS	Hole	5C	

ADDITIONAL COMMENTS:

☐ Turn Down☐ Follow-Up☒ Complete

SERVICE DATE:

7/12/10

X

VENDOR CODE: 892

AMT: \$

70

37114-23

Jennifer Customer Service

SERVICE REPORT

DATE: 07/06/10
TO: FURNITURE SERVICE OF MICHIGAN
17410 Revere Road
Biker1937@aol.com
SOUTHFIELD MI 48076
Phone 248 556 8188
Fax 248 556 8191

Claim: 251219-00
FROM: Jennifer Warehouse Claim Ctr.

RE: DOUGLASS HAMMOND
41851 RIVER OAKS DRI
PLYMOUTH MI 48170

Order #/Delivery NMI 015792 11/20/06
Home Phone 734 564 0906
Work Phone 734 737 0072

INSTRUCTIONS: Please schedule the above customer for service and fax back the written report or any concerns to 206-309-0432
Attn: Jennifer Claim Center. Please remember to include serial numbers with your report. MAKE NOTE OF THE NEW FAX NUMBER.

COMMENTS: SEDN TECH TO INSTALL COMPS

NATURE OF COMPLAINT: Upholstery Shield

ITEM	SIZE	AREA AFFECTED	TYPE OF DEFECT
VENIC M2715-S 0680 29	S	FB W/ATT S/CAS	HOLE (UPH.SHIELD)

TECHNICIAN'S REPORT

SIZE	AREA	TYPE	CODE	COMPONENTS
Sa	F/B C/AN	FB	Hole	60
Sa	B/CAS	Hole	5C	

ADDITIONAL COMMENTS:

[] Turn Down [] Follow-Up [X] Complete SERVICE DATE: 7/14/10

X VENDOR CODE: 892 AMT: \$ 60

NO 11

Jennifer Customer Service

SERVICE REPORT

DATE: 07/04/10

Claim: 250798-00

TO: FURNITURE SERVICE OF MICHIGAN
17410 Revere Road
Biker1937@aol.com
SOUTHFIELD MI 48076
Phone 248 556 8188
Fax 248 556 8191

FROM: Jennifer Warehouse Claim Ctr.

RE: TEPP0-BROW

Order #/Delivery NMI 020119 7/02/10

23324 LIBERTY STREET
FARMINGTON

MI 48335

Home Phone 248 417 1986

Work Phone 248 408 3141

INSTRUCTIONS: Please schedule the above customer for service and fax back the written report or any concerns to 206-309-0432
Attn: Jennifer Claim Center. Please remember to include serial numbers with your report. MAKE NOTE OF THE NEW FAX NUMBER.

COMMENTS: DC STATES MISSING T NUTS FOR 2 MIDDLE LEGS-PLS INSPECT AND CORRECT
MICROFIBER MDSE

NATURE OF COMPLAINT: Warranty

ITEM	SIZE	AREA AFFECTED	TYPE OF DEFECT
VENIC W0547-RS 6098 29	RS	T-NUT(S)	MISSING

TECHNICIAN'S REPORT

SIZE	AREA	TYPE	CODE	COMPONENTS
12	REAR Rail	SPLIT CRACK	5m	
8	T-NUTS	MISSING	6m	

ADDITIONAL COMMENTS:

☐ Turn Down☐ Follow-Up☒ Complete

SERVICE DATE:

7/14/10

X

VENDOR CODE: 892

AMT: \$

60

WFO

Jennifer Customer Service

SERVICE REPORT

DATE: 07/07/10
 TO: FURNITURE SERVICE OF MICHIGAN
 17410 Revere Road
 Biker1937@aol.com
 SOUTHFIELD MI 48076
 Phone 248 556 8188
 Fax 248 556 8191

Claim: 251552-00
 FROM: Jennifer Warehouse Claim Ctr.

RE: GENNETTE ALEXANDER
 23021 GARNDER ST
 OAK PARK MI 48237

Order #/Delivery DB 902665 5/13/10
 Home Phone 248 224 4984
 Work Phone

INSTRUCTIONS: Please schedule the above customer for service and fax back the written report or any concerns to 206-309-0432
 Attn: Jennifer Claim Center. Please remember to include serial numbers with your report. MAKE NOTE OF THE NEW FAX NUMBER.

COMMENTS: CC SAID LEGS ARE BROKEN AND STRIPPED INSPECT AND CORRECT

NATURE OF COMPLAINT: Warranty

ITEM	SIZE	AREA AFFECTED	TYPE OF DEFECT
VENIC C5015-S 9116 21	S	LEG(S)	BROKEN

TECHNICIAN'S REPORT

SIZE	AREA	TYPE	CODE	COMPONENTS
SP	RF FRONT LEGS	TWO OFF	5m	
SP	REAR LEG	WOOD SPLIT / CENTER	2m	NEED REAR LEG

ADDITIONAL COMMENTS: FYI - CUST FEELS LEGS WERE A HARD FAMILY MAY BE TOO HEAVY FOR THIS STYLE - WANTS TO PURCHASE MORE SOLID LEGS - 8

[] Turn Down [X] Follow-Up [] Complete SERVICE DATE: 7/14/10

X VENDOR CODE: 892 AMT: \$ 30

THEY ARE LARGE PEOPLE

01400
24

SERVICE REPORT COVER SHEET
SERVICE COMPANY-FURNITURE SERVICE OF MICHIGAN
VENDOR CODE # 892- DATE FAXED-----RECD-----

[illegible]

\033&l2a00\033(sop12H3T0-FNUM[12485568191]

CM
7-12
THURS

ALL
CUT
CUT
CUT

A U I O T F A X Rev 2.10U
Jennifer Customer Service

S E R V I C E R E P O R T

DATE: 07/11/10
TO: FURNITURE SERVICE OF MICHIGAN
17410 Revere Road
Biker1937@aol.com
SOUTHFIELD MI 48076
Phone 248 556 8188
Fax 248 556 8191

Claim: 251959-00
FROM: Jennifer Warehouse Claim Ctr.

RE: BARBARA MCDONALD
22992 PARK PLACE DR
SOUTHFIELD MI 48033

Order #/Delivery DB 038896 6/23/10
Home Phone 248 354 4091
Work Phone 248 910 4091

INSTRUCTIONS: Please schedule the above customer for service and fax back the written report or any concerns to 206-309-0432
Attn: Jennifer Claim Center. Please remember to include serial numbers with your report. MAKE NOTE OF THE NEW FAX NUMBER.

COMMENTS: C.C SAID THERE IS DMAMAGE TO HER CAPRT FROM LEGS
BALCK MARKS ON CARPET WHERE LEGS ARE
PLZ INSPECT AND CORRECT

NATURE OF COMPLAINT: Warranty

ITEM	SIZE	AREA AFFECTED	TYPE OF DEFECT
VENIC C4115-S	0202 14	S LEG(S)	COMMENTS

TECHNICIAN'S REPORT

SIZE	AREA	TYPE	CODE	COMPONENTS
Sofa	legs	DIRT/SOL	2m	
Chair	legs	DIRT/SOL	2m	

ADDITIONAL COMMENTS:

SOME SUBSTANCE ON Bottom OF
ALL EIGHT LEGS-COMING OFF ON
WHITE CARPET
COULD NOT REMOVE- NEED 8 NEW WOOD LEGS-

[] Turn Down

[X] Follow-Up

[] Complete

SERVICE DATE:

7/14/10

X

VENDOR CODE: 892

AMT: \$ 20

NO FD -

CARPET NEEDS TO BE CLEANED -
MANY SOILED AREAS - 3

NEED PRO-CARPET
CLEANING
LONG MARKS
& "UNDER" LEGS
AS WELL

Jennifer Customer Service

SERVICE REPORT

DATE: 06/17/10 Claim: 247346-00
 TO: FURNITURE SERVICE OF MICHIGAN FROM: Jennifer Warehouse Claim Ctr.
 17410 Revere Road
 Biker1937@aol.com
 SOUTHFIELD MI 48076
 Phone 248 556 8188
 Fax 248 556 8191

RE: KEITH JAMES Order #/Delivery DTY 005496 3/11/10
 25637 COLGATE Home Phone 313 333 1782
 DEARBORN HEIGHTS MI 48125 Work Phone

INSTRUCTIONS: Please schedule the above customer for service and fax back the written report or any concerns to 206-309-0432
 Attn: Jennifer Claim Center. Please remember to include serial numbers with your report. MAKE NOTE OF THE NEW FAX NUMBER.

COMMENTS: BONDED LEATHER COMPS ARE IN TRANSIT TO CUST W/APPROX ETA
 16/24 BRING TUFTING TOOL FOR INSTALL.
 SCHEDULE.

NATURE OF COMPLAINT: Warranty

ITEM	SIZE	AREA AFFECTED	TYPE OF DEFECT
VENIC C4914RAF-S 9119 01	CHS	FB W/ATT S/CAS	GLUE

TECHNICIAN'S REPORT

SIZE	AREA	TYPE	CODE	COMPONENTS
CHAS	FB W/ATT S/CAS	STITCHED WRONG	2M	NEED PART FB W/ATT S/CAS

CAN NOT INSTALL THIS PART

ADDITIONAL COMMENTS: SEWING MACHINE MADE LONG STRIP OF HOLES NEXT TO SEAMS - APPEARS SEWN TWICE - 24" LONG ONE SIDE

[] Turn Down [X] Follow-Up [] Complete SERVICE DATE: 7/14/10
 X VENDOR CODE: 892 AMT: \$ 20

NO 11

OPEN HOLES

Jennifer Customer Service

SERVICE REPORT

DATE: 07/07/10

Claim: 251562-00

TO: FURNITURE SERVICE OF MICHIGAN
17410 Revere Road
Biker1937@aol.com
SOUTHFIELD MI 48076
Phone 248 556 8188
Fax 248 556 8191

FROM: Jennifer Warehouse Claim Ctr.

RE: MATTHEW MCARDLE
2481 MANCHESTER
BIRMINGHAM

MI 48009

Order #/Delivery DB 902663 6/10/10
Home Phone 248 224 2595
Work Phone

INSTRUCTIONS: Please schedule the above customer for service and fax back the written report or any concerns to 206-309-0432
Attn: Jennifer Claim Center. Please remember to include serial numbers with your report. MAKE NOTE OF THE NEW FAX NUMBER.

COMMENTS: CC RETURN AT NO CHARGE - WE ORDERED SLIPCOVER BUT CUST SAYS YOU FAILED TO CLEAN GREASE UNDER SLIPCOVER- SAID WHERE U CLEANED, SLP THE GREASE BLEED THREW..PLZ CLEAN STAINS

NATURE OF COMPLAINT: Warranty

ITEM	SIZE	AREA AFFECTED	TYPE OF DEFECT
VENIC B8115-S	0622 29	S BACK-INSIDE/OUTSIDE	DIRT ON DLVRY

TECHNICIAN'S REPORT

SIZE	AREA	TYPE	CODE	COMPONENTS
Sofa	CF/ARM	Spot	H/M	Cleaned
	OUTSIDE SIDE	Very Small		Area for customer

ADDITIONAL COMMENTS:

Cleaned Small Area on under
Side of - NO WASTE NEAR ANY
AREA CLEANED BT- ALSO PREVIOUSLY
WE CLEANED SEAT WASH OFF SOFA.

☐ Turn Down☐ Follow-Up☒ Complete

SERVICE DATE: 7/15/10

X

VENDOR CODE: 892

AMT: \$ 30

NO D#

NEVER SHOWED TO SERVICE TEAM WHEN
LAST AT HOME.

NOTING 6 BLED
THRU ANY WARE
CLEANED
Area for customer

thus
7-15
call on way AM

22202

~~YES~~

[illegible]

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A U T O - F A X Rev 2.10U

Jennifer Customer Service

S E R V I C E R E P O R T

DATE: 07/08/10

TO: FURNITURE SERVICE OF MICHIGAN
17410 Revere Road
Biker1937@aol.com
SOUTHFIELD MI 48076
Phone 248 556 8188
Fax 248 556 8191

Claim: 251887-00

FROM: Jennifer Warehouse Claim Ctr.

RE: ATOUR MIRZA
602 KENSINGTON
FERNDAL

MI 48220

Order #/Delivery DB 031232 7/17/04

Home Phone 248 546 1180

Work Phone

INSTRUCTIONS: Please schedule the above customer for service and fax back the written report or any concerns to 206-309-0432
Attn: Jennifer Claim Center. Please remember to include serial numbers with your report. MAKE NOTE OF THE NEW FAX NUMBER.

COMMENTS: CC TO RPT WINE STAIN-PLS INSPECT AND CORRECT IF COVERED-PREV
TD FOR ANIMAL STAINS-DONT' TOUCH ACCUM OR ANIMAL STAINS-
TAKE PICS IF COMPS NEEDED

NATURE OF COMPLAINT: Upholstery Shield

ITEM	SIZE	AREA AFFECTED	TYPE OF DEFECT
STRAT E7117S3R-Q 7850 12	Q	CASING-CTR. SEAT	DRINK/BEVERAGE

TECHNICIAN'S REPORT

SIZE	AREA	TYPE	CODE	COMPONENTS
Q	ON (2) PCS	STAIN/ SOIL FROM USE	2C	HAS NEVER BEEN CLEANED, BUT IN VERY GOOD CONDITION.
WELL CARED FOR BUT DEFINITELY NEEDS ALL OVER CLEANING - TOOK PICS BUT JUST NEEDS CLEANING - EXPLAINED TO CUSTOMER				
HERE RESPONSIBILITY PER WARRANTY -				

[] Turn Down [] Follow-Up [] Complete SERVICE DATE: 7/17/10

X VENDOR CODE: 892 AMT: \$ 20

NO ID#

8/17/10
EIGHT

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A U T O - F A X Rev 2.10U

Jennifer Customer Service

S E R V I C E R E P O R T

DATE: 07/13/10

Claim: 252554-00

TO: FURNITURE SERVICE OF MICHIGAN
17410 Revere Road
Biker1937@aol.com
SOUTHFIELD MI 48076
Phone 248 556 8188
Fax 248 556 8191

FROM: Jennifer Warehouse Claim Ctr.

RE: MARY ROWE
3828 MCKINLEY ST
DEARBORN MI 48124

Order #/Delivery DTY 004739 5/24/08
Home Phone 254 383 2937
Work Phone 248 455 3454

INSTRUCTIONS: Please schedule the above customer for service and fax back the written report or any concerns to 206-309-0432
Attn: Jennifer Claim Center. Please remember to include serial numbers with your report. MAKE NOTE OF THE NEW FAX NUMBER.

COMMENTS: CC WITH TEARS IN S/CAS PLZ INSPECT AND CORRECT
LEATHERBLEND MDSE

NATURE OF COMPLAINT: Upholstery Shield

ITEM	SIZE	AREA AFFECTED	TYPE OF DEFECT
VENIC B2855-F 0611 10	F	ALL SEAT CASINGS	HOLE (UPH.SHIELD)
VENIC B2855-F 0611 10	F	BACK-INSIDE/OUTSIDE	HOLE (UPH.SHIELD)

TECHNICIAN'S REPORT

SIZE	AREA	TYPE	CODE	COMPONENTS
(F)	S/CAS LF RF	PUNCTURED FROM KEYS	2C	NEED LF & RF S/CAS ONLY -
(P)	B/CAS	JUST SMALL PEERED SPOT NOT COVERED	Z	COULD NOT FIX

ADDITIONAL COMMENTS:

[] Turn Down

[] Follow-Up

[] Complete

SERVICE DATE:

7/17/10

X

VENDOR CODE: 892

AMT: \$

20

NO ID

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A U T O - F A X Rev 2.10U

Jennifer Customer Service

S E R V I C E R E P O R T

DATE: 04/16/10

TO: FURNITURE SERVICE OF MICHIGAN
17410 Revere Road
Biker1937@aol.com
SOUTHFIELD MI 48076
Phone 248 556 8188
Fax 248 556 8191

Claim: 234468-00

FROM: Jennifer Warehouse Claim Ctr.

RE: LISA NEWMAN
611 CHERRY AVE
ROYAL OAK MI 48073

Order #/Delivery DB 038703 3/17/10
Home Phone 248 707 4688
Work Phone

INSTRUCTIONS: Please schedule the above customer for service and fax back the written report or any concerns to 206-309-0432
Attn: Jennifer Claim Center. Please remember to include serial numbers with your report. MAKE NOTE OF THE NEW FAX NUMBER.

COMMENTS: PER PREV REPORT OK TO RETURN AND CORRECT SHIFTED FB. DONT' KNOW WHERE CUST GOT THAT THEY COULD RESELECT. WE CAN SERVICE ONLY. TD ON I/B. NORMAL

NATURE OF COMPLAINT: Warranty

ITEM	SIZE	AREA AFFECTED	TYPE OF DEFECT
VENIC C4514RF-CH 0262 52	CHS	FRONT BOARD (COMP)	CROOKED

TECHNICIAN'S REPORT

SIZE	AREA	TYPE	CODE	COMPONENTS
CHASSIS	F/B/Rail	UNEVEN PADDING SHIFTED	5m	OPENED F/B/Rail REPAIR
		rolled edge		COMPACTED ALL AROUND

ADDITIONAL COMMENTS:

☐ Turn Down☐ Follow-Up☒ Complete

SERVICE DATE:

7.17.10

X

VENDOR CODE: 892

AMT: \$ 50

150 (10)

Jennifer Customer Service

SERVICE REPORT

6/26/10
Jennifer

DATE: 07/04/10
TO: FURNITURE SERVICE OF MICHIGAN
17410 Revere Road
Biker1937@aol.com
SOUTHFIELD MI 48076
Phone 248 556 8188
Fax 248 556 8191

Claim: 250647-00
FROM: Jennifer Warehouse Claim Ctr.

RE: TINA MATHIS
15075 LINCOLN ST
OAK PARK MI 48237

Order #/Delivery DB 038868 6/26/10
APT: 724 Home Phone 313 753 3585
Work Phone

INSTRUCTIONS: Please schedule the above customer for service and fax back the written report or any concerns to 206-309-0432
Attn: Jennifer Claim Center. Please remember to include serial numbers with your report. MAKE NOTE OF THE NEW FAX NUMBER.

COMMENTS: C/C SAID THE BACK CORES ARE FLAT

NATURE OF COMPLAINT: Warranty

ITEM	SIZE	AREA AFFECTED	TYPE OF DEFECT
VENIC C6314RAF-S 0010 30	S	BACK PILLOW DACRON	FLAT/UNDERSTUFFED

TECHNICIAN'S REPORT

SIZE	AREA	TYPE	CODE	COMPONENTS
CAF 3	ALL	FLAT	2m	NEED NEW
RAF 3	ALL	FLAT	2m	FOR ALL

1/5/10

B/Fillor
CUSHIONS

ADDITIONAL COMMENTS:

[] Turn Down

[X] Follow-Up

[] Complete

SERVICE DATE:

7/17/10

X

VENDOR CODE: 892

AMT: \$

20

NO ID#

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A U T O - F A X Rev 2.10U

Jennifer Customer Service

S E R V I C E R E P O R T

DATE: 07/16/10

TO: FURNITURE SERVICE OF MICHIGAN
17410 Revere Road
Biker1937@aol.com
SOUTHFIELD MI 48076
Phone 248 556 8188
Fax 248 556 8191

Claim: 251185-00

FROM: Jennifer Warehouse Claim Ctr.

RE: HEATHER RATICH
6680 DEER RIDGE DR
CLARKSTON MI 48348

Order #/Delivery DB 035554 5/09/07
Home Phone 248 922 7232
Work Phone 248 435 4861

PLEASE DISREGARD THE ABOVE REFERENCED SERVICE REQUEST.

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DO NOT CONTACT THE CUSTOMER. ANY QUESTIONS PLEASE CONTACT THE

\000\000\000\000\000\000

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CLAIM CENTER.

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THANK YOU

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F.Y.I.

two

APPTS -

MADE

TIMES

NOT

HOME

2