

**Boswell Repair Form**

Please fill out and mail to:

J.M. Boswell's Pipes & Cigars  
6481 William Penn Highway  
Alexandria PA 16611

Name \_\_\_\_\_

Street \_\_\_\_\_

City, State and Zip \_\_\_\_\_

Daytime Phone \_\_\_\_\_

Billing Address \_\_\_\_\_

Email Address \_\_\_\_\_

Payment Information – (Visa, Discover, American Express, MasterCard, or PayPal) – Please include expiration date and CVC code from the back of card. If you would like to pay via PayPal, make sure the email you provide is linked to your PayPal account.

Card # \_\_\_\_\_

Exp date \_\_\_\_\_ CVC code \_\_\_\_\_

Brand of Pipe \_\_\_\_\_

Please describe the problem you are having with your pipe, or provide instructions below (new mouthpiece, acrylic, vulcanite, cleaning). Please be as specific as possible.

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