

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, or MasterCard,) – Please include expiration date and CVC code from the back of card.

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.
