

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 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. *Please note that we can NOT take MasterCard*

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.
