

J.M Boswell Repair Form

Please fill out and mail to:

*Boswell Pipes
586 Lincoln Way East
Chambersburg, PA 17201*

Name _____

Street _____

City, State and Zip

Daytime
Phone _____

Credit Card number
(please include exp. date and cvc code)

Billing
Address _____

Email
Address _____

Brand of
Pipe _____

We accept VISA, Mastercard, Discover
We do not contact our customers unless there is a problem with
the pipe. Please make sure your card number is written down. We
can not ship your pipe back to you until we have your credit card information.
Please describe the problem you are having with your pipe, or
provide instructions below (new mouthpiece, acrylic, vulcanite, cleaning).
Please be specific.