

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 _____

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.

Brand of
Pipe _____

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