

BRIGHAM PIPE WARRANTY/REPAIR SUBMISSION FORM

Please include a completed form with each pipe you send.

Your Name: _____

Your Email Address: _____

Your Telephone Number: _____

Your Mailing Address: _____

Street: _____

City & Province: _____

Postal Code: _____

Store where pipe was purchased: _____

Date of purchase: _____

Description of the Issue in Detail: _____

For Inspection, send the pipe to:

Brigham Enterprises Inc.
228 Judson St. Unit 1
Toronto, ON M8Z 5T6

Direct for repair, send the pipe to:

Jack Reid Leisure Prods
PO Box 666
Chesley, ON N0G 1L0