

# SALTS

EST. 1916



TOBACCONIST | LIGHTER REPAIRS | LIGHTER SALES

## LIGHTERS SERVICE & REPAIR FORM

**Full Name**

**Email Address**

**Mobile Number**

**Day Contact Number**

Fill out if contact number is different to mobile number

**Address**

**Delivery Address**

Fill out if your delivery address is different.

**Is your lighter under warranty?**

YES  NO

**Fault Description**