

MOTORCYCLE ANALYSIS

416 E. Pettit Ave., Ft. Wayne, IN 46806 (260)744-2380 www.blackstone-labs.com

Name:	Unit ID:(What do you want to call it?)
Address:	Sample date:
City State Zip Contact:	Mi/Hr/Km on oil:
Email:	Mi/Hr/Km on engine:(choose one)
Phone:	Oil added between changes:qts.
Engine model/displacement:	Oil type:
Motorcycle Year:	Cooling system: Air Liquid Does the engine have an oil filter? Yes No
	For Office Use Only
Model:	
☐ Please send more sample containers.	
Credit card Check Use card on file Check #_ Use card below Name: Card number: Billing address (if different):	(bulk) samples
	s taken? Yes No
vvas me oii chanded when me samble was	
Was the oil changed when the sample was Are you interested in extended oil use?	
·	☐ Yes ☐ No
Are you interested in extended oil use?	☐ Yes ☐ No ☐ Yes ☐ No f \$10)? ☐ Yes ☐ No
Are you interested in extended oil use? Have you used any additives? (list below) Would you like a TBN (additional cost o	Yes No Yes No f \$10)? Yes No ive present and is only run on engine oil.)
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