



MOTORCYCLE ANALYSIS

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

Name: _____

Address: _____

Unit ID: _____

Contact: _____

Sample date: _____

Phone: _____

Miles/Hours on oil: _____

Engine make: _____

Miles/Hours on engine: _____

Engine model: _____

Oil added between changes: _____ qts.

Cooling system: Air Liquid

Oil type: _____

Does the engine have an oil filter? Yes No

Do the engine and transmission share the oil? Yes No

Remarks: _____

For office use only

Please send more sample containers.

Payment Check enclosed Check # _____ Sample was prepaid

Credit card: Use card on file **or** Use card listed below

Name on card: _____

Credit card number: _____ Exp. date: _____

If billing address is different from the address at the top of the slip, please list below.

Motorcycle Make: _____ Model: _____ Year: _____

Was the oil changed when the sample was taken? Yes No

Are you interested in extended oil use? Yes No

Have you used any additives? (list below) Yes No

Would you like a TBN (additional cost of \$10.00)? Yes No

(A TBN measures the amount of active additive present in the oil.)

Additional comments or questions: _____

Email address: _____