



TRANSMISSION ANALYSIS

416 E. Pettit Ave., Fort Wayne, IN 46806

www.blackstone-labs.com

(260)744-2380

Name: _____

Address: _____

Unit ID: _____

Contact: _____

Sample date: _____

Phone: _____

Mi/Hr/Km on oil: _____
(choose one)

Email: _____

Mi/Hr/Km on transmission: _____
(choose one)

Vehicle Year: _____

Oil type: _____

Make: _____

Model: _____

Transmission Make: _____

Type: ☐ Automatic ☐ Manual ☐ 5-speed
☐ Other: _____ ☐ 6-speed

Drive train:

Front-wheel drive ☐

Rear-wheel drive ☐

All-wheel drive ☐

Four-wheel drive ☐

For Office Use Only

☐ Please send more sample containers.

Payment

Credit card

☐ Use card on file

☐ Use card below

Check

☐ Check # _____

Prepaid sample

☐ I entered my card info online

☐ This is one of my
discount (bulk) samples

Name: _____

Card number: _____ Exp. date: _____

Billing address (if different): _____

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

Comments, questions, or extra tests needed: _____

Receive report updates and results via text? Yes ☐

By checking this box you consent to receive SMS messages from Blackstone Laboratories to receive report updates and results. Message frequency varies but will not exceed two messages per report per day unless there is a notification event. Message and data rates may apply. Reply HELP for help. Reply STOP to opt out. No mobile information will be shared with third parties or affiliates for marketing/promotional purposes at any time.