



GAS/DIESEL 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: _____
(choose one)

Email: _____

Mi/Hr/Km on engine: _____

Phone: _____

Oil added in between changes: _____ qts.

Engine Make: _____

Oil type: _____

Model: _____

Vehicle Year: _____

Fuel	Gas	<input type="checkbox"/>	Leaded	<input type="checkbox"/>	E85	<input type="checkbox"/>
Type:	Diesel	<input type="checkbox"/>	Other:			

Make: _____

Model: _____

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
Order # _____
- 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: _____

