BLACKSTONE LABORATORIES

GAS/DIESEL ANALYSIS

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

Name: _____

Address: _____

_____
City State Zip

Contact: _____

Email: _____

Phone: _____

Engine Make: _____

Model: _____

Vehicle Year: _____

Make: _____

Model: _____

☐ Please send more sample containers.

Unit ID: _____
(What do you want to call it?)

Sample date: _____

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

Mi/Hr/Km on engine: _____

Oil added in between changes: _____ qts.

Oil type: _____

Fuel Type: Gas ☐ Leaded ☐ E85 ☐ Diesel ☐ Other:

For Office Use Only

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: _____