



MOTORCYCLE ANALYSIS

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

Name: _____

Address: _____

City _____ State _____ Zip _____

Contact: _____

Phone: _____

Email: _____

Engine model/displacement: _____

Motorcycle 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: _____
(choose one)

Oil added between changes: _____ qts.

Oil type: _____

Cooling system: ☐ Air ☐ Liquid

Does the engine
have an oil filter? ☐ Yes ☐ No

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
Exp. date: _____

Name: _____

Card number: _____

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:

