



TRANSMISSION ANALYSIS

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

www.blackstone-labs.com

(260)744-2380

Name: _____

Address: _____

Unit ID: _____

Sample date: _____

Contact: _____

Mi/Hr/Km on oil: _____

(choose one)

Phone: _____

Mi/Hr/Km on transmission: _____

(choose one)

Email: _____

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: _____

