

MOTOR✓CHECK™ ANALYSIS CLINIC

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INFORMATION SHEET

SAMPLES MUST BE TAKEN HOT FILL SAMPLE BOTTLE TO THE TOP

DATE : _____ RESULTS OF SAMPLE SENT TO: EMAIL OR FAX

CUSTOMER NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ FAX: _____ (For fast FAX result)

EMAIL: _____ (for fast EMAIL results)

PAYMENT TYPE:

CHECK CREDIT CARD ACCOUNT PRE-PAID, IF CREDIT

CARD TYPE:

AMEX MASTERCARD VISA OTHER: _____

CARD #: _____

VERIFICATION CODE: _____ EXP. DATE: ____/____/____ (MONTH/YEAR)

VERIFICATION CODE IS 3 OR 4 DIGITS, FOUND ON BACK OF CARD

USED FOR: (Check One)

OVER THE ROAD

OFFROAD TRANSMISSION

MARINE

OTHER _____

UNIT TYPE: (Check One or more)

DIESEL ENGINE MARINE GEAR

GAS ENGINE AUTO

GENERATOR MANUAL TRANSMISSION

AIR COMPRESSOR DIFFERENTIAL : F M R

FOR MARINE: PORT CENTER STARBOARD FORWARD AFT

FOR MOTOR VEHICLE ENTER MAKE, MODEL, YEAR, ENGINE TYPE, LITERS

VESSEL NAME: _____

UNIT I.D./ SERIAL# _____

UNIT MAKE: _____ (Detroit, Cummins, Cat, ETC)

UNIT MODEL: _____ LITERS(IF CAR) _____ H.P.. _____

TIME ON UNIT: _____ (Hours / Miles)

TIME ON OIL: _____ (Hours / Miles)

OIL BRAND: _____ (Texaco, Shell) OIL TYPE: _____ (Ursa , Rotella)

OIL WEIGHT : _____ (30W-40W-15W40) OIL CAPACITY _____ (Quarts / Gallons)