MOTOR ✓ CHECK™ ANALYSIS CLINIC

2000 N. FLORIDA MANGO RD., SUITE 104 PHONE: 561-684-7799 WEST PALM BEACH, FLORIDA, 33409 FAX: 561-684-6402 WWW.MOTORCHECKLAB.COM ORDERS@MOTORCHECKLAB.COM

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:	ZI	IP:
PHONE:	FAX:	(Fo	er fast FAX result)
EMAIL:		(for fast	t EMAIL results)
CARD TYPE: □ AMEX □ MASTER	CARD □ ACCOUNT □ F	ER:	
VERIFICATION CODE	E: EXP. DATE:	:/	
OVER THE ROAD	e) UNIT TYPE: (Ch DIESEL ENC ISSION GAS ENGIN GENERATO AIR COMPR	GINE MA E AU R MA	RINE GEAR FO NUAL TRANSMISSIO
	CENTER STARBOA E ENTER MAKE, MODEL ,		
VESSEL NAME:			
UNIT I.D./ SERIAL#			
UNIT MODEL:	LITERS(I	F CAR)	H.P
TIME ON UNIT:			(Hours / Miles)
TIME ON OIL:			(Hours / Miles)
OIL BRAND:	(Texaco, Shell) O	IL TYPE:	(Ursa , Rotella)
OII WEIGHT: (3)	0W-40W-15W40) OII CAI	PACITY	(Quarts / Gallons)