



<u>Customer</u>	
company:	
address/city:	
street:	

## Responsible person/engine supervisor

name, first name:	
phone:	
E-Mail address :	
additional:	

## Parameters Engine

internal ID:		
OEM:		
series/type:		
oil quantity:	fuel gas:	

## ADDINOL- Dealer/Responsible person

company:				
name:				
phone:				
E-Mail address	:			
previously used o	pil:			
new oil type				
ADDINOL Gas En	gine Oil:			
previous lab reports attached : yes $O$ no $O$				

## Will be filled in by ADDINOL

Registration:

Please send back to: analyse@addinol.de