



TESTIMONIAL FORM

Cealtec Product Inc. has in no way caused this testimonial on the performance of CealDoctor™ Self-healing Engine Treatments to be presented in a way to incite the user of the product to make unreasonable or unethical statements concerning their personal or business experience by using the above product in their engine(s). This testimonial has been made as a result of the end user wishing to express either a personal or professional opinion or viewpoint, either negative or positive in nature.

Name: _____

Business Name (if applicable): _____

Address: _____ City _____

Province/State : _____ Postal/ZIP Code: _____

Country: _____ Phone number: _____

Profession: _____ Professional designation: _____

DESCRIPTION OF TREATED ENGINE

Engine(s) fuel type treated : Gasoline Diesel LNG Propane

Check Small Engine Motorcycle Vehicle Marine Equipment Power Plant

If applicable: Hours on engine _____ Mileage/Kilometers on engine _____

Extended description: _____

Where did you acquire the product: Sample Retailer Name of Vendor _____?

TESTIMONIAL

Check

Packaging: Poor Average Above Average Excellent

Instruction Brochure: Poor Average Above Average Excellent

Distributor website (www.cealdoctor.com): Poor Informative Excellent resource

Ease of installation/treatment: Poor Average Above Average Excellent

Reduced noise and vibration: Yes No Unsure Still monitoring

Reduced smoke: Yes No Unsure Still monitoring

Reduced fuel consumption: Yes by ___ % No Unsure Still monitoring

Assisted in passing AirCare and/or Emissions testing at Government Agency: Yes No Unsure

OVERALL COMMENTS / IMPRESSIONS of CealDoctor™ Self-healing Engine Treatment product:

Signature: _____ Date _____

If more space is required use attached 2nd page

(Please copy and email to testimonials@cealdoctor.com)



EXTENDED TESTIMONIAL FORM

OVERALL COMMENTS / IMPRESSIONS of CealDoctor™ Self-healing Engine Treatment product:

Signature: _____ Date _____