



Transmission/Torque Converter Troubleshooting Form

DISTRIBUTION
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Date: _____ Return authorization number: _____

Company name: _____ Dealer #: _____

Address: _____

City: _____ State: _____ Zip code: _____

Phone: _____

Contact: _____ Transmission part # _____

Fax: _____

Truck model: _____ Serial #: _____

Hours in truck: _____ Joseph Industries serial #: _____

Date Purchased: _____ Date Installed: _____

Description of problem: _____

Pressure readings:	<u>Main</u>	<u>Fwd</u>	<u>Rev</u>	<u>Hi</u>	<u>Lo</u>	<u>Lube</u>	<u>Conv In</u>	<u>Conv out</u>
Idle								
Hi RPM								

Who installed: _____ Dealer _____ Customer _____

Oil level _____

Comments _____

Replacement remanufactured product will be credited in full if the claim is found to be valid. If the claim is found to be invalid (non-material of workmanship defect), the customer is fully responsible for payment of any and all invoices for replacement remanufactured product sent. Joseph Industries only guarantees up to second day delivery on any product that ships UPS for warranty replacement.