

NAME Richard Bass RT# _____ RT. SEQ. _____ ACCT # 03-20720 DATE _____ INT 494

MAILING ADDRESS _____ CO. _____ CITY _____

ADDRESS 622 Revills Rd. APT/LOT NO. _____

CITY Mountain View STATE Ca ZIP CODE 91788

NEW CUSTOMER INFORMATION
S.S. NO. _____ DELV _____
HOME PH _____ RENT _____
WORK PH 589-0110 CREDIT _____
LITE PILOT _____ PC _____
EMPLOYER _____
DR. _____ USE _____ LEASE _____

SERVICE REQUESTED: ☐ CASH ☐ CHARGE DATE PROMISED _____

Hang 2 w/h in attic

email: richardfruitsbass@gmail.com
cell # 229-589-0110
PAY BILL ONLINE @congerlpgas.com

DIRECTIONS: Took off and put it on Acct # 26006

TANK PICKUP/SET	TANK SIZE	SERIAL #	TANK %	TANK DESTINATION	DOT PERMANENTLY INSTALLED CONTAINERS				
					MANUFACTURED DATE	LAST TEST DATE	SIZE	SERIAL #	% FULL

QTY	APPLIANCES / EQUIP. SOLD-PARTS/MATERIAL USED	MODEL #	SERIAL NUMBER	UNIT PRICE	SALES AMOUNT
1	Rinnai RX160i	TJ.BA-226463			1699 95
1	Rinnai RX199i	WC.BA-037548			1899 95
	Hanging/Venting Materials				150 00

WORK PERFORMED: <u>Hang w/h, vented exhaust through roof</u>	REGULATION INFORMATION	APPLIANCES/EQUIP. SOLD	CODE
MAKE: _____	MODEL: _____	PARTS/MAT. USED	WH 1699.95
DATE CODE: _____	VENT: _____	TANK RENT	WH 1899.95
			MP 150.00
			CE 18.95

SERVICEMAN MUST COMPLETE BELOW SECTION FOR NEW INSTALLATIONS OR SERVICE					
SERVICEMAN TO COMPLETE IN PRESENCE OF CUSTOMER:					SALES TAX _____ %
1) STORAGE SYSTEM INSTALLED IN COMPLIANCE WITH N.F.P.A. PAMPHLET NUMBER 58 ☐ 2) ALL APPLIANCES INSTALLED IN COMPLIANCE WITH N.F.P.A PAMPHLET NUMBER 54 ☐ I HAVE RECEIVED A SCRATCH AND SNIFF BROCHURE AND THE ODOR CHARACTERISTICS HAVE BEEN DEMONSTRATED TO ME.	LEAK AND PRESSURE TEST				
	HIGH:	1st Stage	2nd Stage	LOW	
	START LOCK-UP:	PSI	PSI	START LOCK-UP:	W.C. LABOR
	TANK OFF: PRESSURE	PSI	PSI	TANK OFF: PRESSURE	W.C.
	AFTER 10 MINUTES:	PSI	PSI	AFTER 10 MINUTES:	W.C.
	PRESSURE AS LEFT:	PSI	PSI	PRESSURE AS LEFT:	W.C.
PIPING PRESSURE TEST					INV. TOTAL
START _____ PSIG FINISH _____ PSIG					AMOUNT RECEIVED

THE USE AND CARE OF THE APPLIANCES AND EQUIPMENT HAVE BEEN EXPLAINED TO MY SATISFACTION. I ALSO ACKNOWLEDGE RECEIPT OF THE CUSTOMER COPY EXPLAINING THE SAFETY FEATURES OF SUCH EQUIPMENT ON THE REVERSE SIDE.

SERVICE REP. SIGNATURE [Signature] DATE 10-2-26 x CUSTOMER SIGNATURE _____