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CONGER LP GAS
FUELING LIFE

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INVOICE / WORK ORDER NO. 117257

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NAME Andrew Rollins RT# ____ RT. SEQ. ____ ACCT # 03-23475 DATE 5-23-25 INT ~~D~~

MAILING ADDRESS ____ CO. ____ CITY ____

ADDRESS 4130 Lower Boston rd APT/LOT NO. ____

CITY Thomasville STATE GA ZIP CODE 31757

NEW CUSTOMER INFORMATION
S.S. NO. ____ DELV ____
HOME PH ____ RENT ____
WORK PH ____ CREDIT ____
LITE PILOT ____ PC ____
EMPLOYER ____
DR. ____ USE ____ LEASE ____

SERVICE REQUESTED: ☐ CASH ☐ CHARGE DATE PROMISED ____

New Customer Switch Company

email: andrewrollins@hotmail.com
cell # 229-403-4109
PAY BILL ONLINE @congerlpgas.com

DIRECTIONS:

TANK PICKUP/SET	TANK SIZE	SERIAL #	TANK %	TANK DESTINATION	DOT PERMANENTLY INSTALLED CONTAINERS				
					MANUFACTURED DATE	LAST TEST DATE	SIZE	SERIAL #	% FULL
Tank Set	120	25A0 09786	H10						

QTY	APPLIANCES / EQUIP. SOLD-PARTS/MATERIAL USED	MODEL #	SERIAL NUMBER	UNIT PRICE	SALES AMOUNT
1	RL94i	RL94i	MCA-009552		999.95
1	Y46R Regulator.				69.95
2	MAxitrols				50.00
2	W+ offs.				40.00
	10 X 4.099 = 40.99 + 3.92 + 14.95 =				59.86

WORK PERFOMED: Hung water Heater on wall, Gas Checked system system OK, No leaks

REGULATION INFORMATION
MAKE: Rego MODEL: 4R9
DATE CODE: 425 VENT: Horizt

APPLIANCES/ EQUIP. SOLD	CODE	
	WH	999.95
PARTS/MAT. USED	MP	189.95
TANK RENT	MS	22.20
	CF	14.95
SALES TAX ____ %		19.30 70.00 1.58 1.05 .70
LABOR	LB	180.00
	TR	10.00
	GPC	400.00
INV. TOTAL		1163.51
~~AMOUNT RECEIVED~~ GPC		400.00
		1563.51

SERVICEMAN MUST COMPLETE BELOW SECTION FOR NEW INSTALLATIONS OR SERVICE

SERVICEMAN TO COMPLETE IN PRESENCE OF CUSTOMER:

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.

X ____
CUSTOMER SIGNATURE

LEAK AND PRESSURE TEST

HIGH:	1st Stage	2nd Stage	LOW
START LOCK-UP:	10 PSI	PSI	START LOCK-UP: W.C.
TANK OFF: PRESSURE	10 PSI	PSI	TANK OFF: PRESSURE W.C.
AFTER 10 MINUTES:	10 PSI	PSI	AFTER 10 MINUTES: W.C.
PRESSURE AS LEFT:	10 PSI	PSI	PRESSURE AS LEFT: W.C.

PIPING PRESSURE TEST
START PSIG FINISH PSIG

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 ____ DATE 5/29/2025 X ____