



**146 S. Ridge Ave.  
Tifton, GA 31794  
(229) 386-5574**

**2840 Hwy 82 W.  
Sylvester, GA 31791  
(229) 776-7336**

**604-B N. Broadfoot Blvd.  
Vidalia, GA 30474  
(912) 537-8722**

**3117 Veterans' Parkway S.  
Moultrie, GA 31768  
(229) 985-6942**

NAME Jeff Faircloth RT#        RT. SEQ.        ACCT # 03-2154 DATE 5/30/25 INT 24

MAILING ADDRESS \_\_\_\_\_ CO. \_\_\_\_\_ CITY \_\_\_\_\_

ADDRESS 712 31 Ave SE APT/LOT NO. \_\_\_\_\_

CITY Moultrie STATE GA ZIP CODE 31768

SERVICE REQUESTED	<input type="checkbox"/> CASH	<input type="checkbox"/> CHARGE	DATE PROMISED
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NEW CUSTOMER INFORMATION

SS. NO.	_____	DEPT.	_____
HOME PH.	_____	RENT	_____
WORK PH.	_____	GROSS	_____
DATE HIRED	_____	POS.	_____
EMPLOYER	_____	OT	_____
DR.	_____	USE	LEASE

email:

cell #

**PAY BILL ONLINE @congerlpgas.com**

**DIRECTIONS:**

[illegible][illegible]

WORK PERFORMED	REGULATION INFORMATION		APPLIANCES/ EQUIP. SOLD	CODE		
	MAKE:	MODEL:	PARTS/MAT. USED			
	DATE CODE:	VENT:	TANK REPT	13	1370	00

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:	PSI	PSI	START LOCK-UP: W.C.
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.

SALES TAX \_\_\_\_\_ %

LABOR

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INV. TOTAL

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

DATE 12

CUSTOMER SIGNATURE