



congerlpgas.com

INVOICE / WORK ORDER NO.

114322

146 S. Ridge Ave.
Tifton, GA 31794
(229) 386-5574306 S. Main St.
Sylvester, GA 31791
(229) 776-7336604-B N. Broadfoot Blvd.
Vidalia, GA 30474
(912) 537-87223117 Veterans Parkway S.
Moultrie, GA 31788
(229) 985-6942NAME Greg McKenzie (Strickland) RT# _____ RT. SEQ. _____ ACCT # 7-17842 DATE 4-23-25 INT _____

MAILING ADDRESS _____ CO. _____ CITY _____

ADDRESS 190 Conner Rd. APT/LOT NO. _____CITY Uvalda STATE _____ ZIP CODE _____

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 _____

email: _____

cell # _____

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 |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

| QTY | APPLIANCES / EQUIP. SOLD-PARTS/MATERIAL USED | MODEL # | SERIAL NUMBER | UNIT PRICE | SALES AMOUNT |
|-----|--|---------|---------------|------------|--------------|
| 1 | Rinnai w/h | RINSEP | PD.CA-059909 | 999.95 | 999.95 |
| 1 | 3/4 straight trac fitting | | | 44.95 | 44.95 |
| 1 | 3/4 cutoff | | | 24.95 | 24.95 |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

| WORK PERFORMED: | REGULATION INFORMATION | APPLIANCES/EQUIP. SOLD | CODE | |
|-----------------------|------------------------------|------------------------|------|--------------|
| Hang w/h + Thermostat | MAKE: _____ MODEL: _____ | PARTS/MAT. USED | | 999.95 80.00 |
| | DATE CODE: _____ VENT: _____ | TANK RENT | | 69.96 5.59 |

SERVICEMAN MUST COMPLETE BELOW SECTION FOR NEW INSTALLATIONS OR SERVICE

| SERVICEMAN TO COMPLETE IN PRESENCE OF CUSTOMER: | | | | LEAK AND PRESSURE TEST | | SALES TAX | |
|---|----------------------|-----------|-----------|------------------------|-----------------|-----------|--|
| 1) STORAGE SYSTEM INSTALLED IN COMPLIANCE WITH N.F.P.A. PAMPHLET NUMBER 58 <input type="checkbox"/> | HIGH: | 1st Stage | 2nd Stage | LOW | | % | |
| 2) ALL APPLIANCES INSTALLED IN COMPLIANCE WITH N.F.P.A. PAMPHLET NUMBER 54 <input type="checkbox"/> | START LOCK-UP: | PSI | PSI | START LOCK-UP: | W.C. | LABOR | |
| I HAVE RECEIVED A SCRATCH AND SNIFF BROCHURE AND THE ODOR CHARACTERISTICS HAVE BEEN DEMONSTRATED TO ME. | TANK OFF: PRESSURE | PSI | PSI | TANK OFF: PRESSURE | W.C. | MS | |
| | AFTER 10 MINUTES: | PSI | PSI | AFTER 10 MINUTES: | W.C. | | |
| | PRESSURE AS LEFT: | PSI | PSI | PRESSURE AS LEFT: | W.C. | | |
| X | PIPING PRESSURE TEST | | | | INV. TOTAL | | |
| CUSTOMER SIGNATURE | 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

DATE

CUSTOMER SIGNATURE

WHITE/FILE COPY; YELLOW/CUSTOMER COPY; PINK/POSTING COPY; BLUE/OFFICE COPY