



congerlpgas.com

INVOICE / WORK ORDER NO.

113156

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

306 S. Main St.
Sylvester, GA 31791
(229) 776-7336

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

3117 Veterans Parkway S.
Moultrie, GA 31788
(229) 985-6942

Owens Vinyl

NAME _____ RT# _____ RT. SEQ. _____ ACCT # _____ DATE 5/14/25 INT _____

MAILING ADDRESS _____ CO. _____ CITY _____

ADDRESS 3935 Lau lane APT/LOT NO. _____CITY Valdosta STATE Ga 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:

10 gal

| TANK PICKUP/SET | TANK SIZE | SERIAL # | TANK % | TANK DESTINATION | DOT PERMANENTLY INSTALLED CONTAINERS | | | | |
|-----------------|-----------|----------|--------|------------------|--------------------------------------|----------------|------|----------|--------|
| | | | | | MANUFACTURED DATE | LAST TEST DATE | SIZE | SERIAL # | % FULL |
| Set | 120 | 1524531 | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

| QTY | APPLIANCES / EQUIP. SOLD-PARTS/MATERIAL USED | MODEL # | SERIAL NUMBER | UNIT PRICE | SALES AMOUNT |
|-----|--|---------|---------------|------------|--------------|
| 15 | 3/8 copper | | | | 33.60 |
| 2 | 3/8 flare nuts | | | | 2.99 |
| 1 | Drip leg | | | | 21.99 |
| 1 | 1/2-3/8 cutoff | | | | 13.93 |
| 1 | B46R | | | | 53.10 |
| 1 | Rinnai | RL75eP | PD.CA-061754 | | 899.99 |
| 1 | Permit | | | | 77.65 |
| 1 | 1/2" x 1/2" npt | | | | 2.95 |
| | | | | | 1.99 |

| WORK PERFORMED: | REGULATION INFORMATION | APPLIANCES/EQUIP. SOLD | CODE |
|-------------------|------------------------------|------------------------|------|
| Set tank pressure | MAKE: _____ MODEL: _____ | PARTS/MAT. USED | |
| test | DATE CODE: _____ VENT: _____ | TANK RENT | |

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. | |
| | | | | AFTER 10 MINUTES: PRESSURE | PSI | PSI | AFTER 10 MINUTES: PRESSURE | W.C. | |
| | | | | AS LEFT: PRESSURE | PSI | PSI | AS LEFT: PRESSURE | W.C. | |
| X _____ CUSTOMER SIGNATURE | | | | 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

5/14/25
DATE

CUSTOMER SIGNATURE