



congerlpgas.com

113177

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Moultrie, GA 31788
(229) 985-6942NAME Premiere Southern RT# _____ RT. SEQ. _____ ACCT # 4.21602 DATE 6-9-25 INT _____MAILING ADDRESS 4982 Hatfield CO. _____ CITY _____ADDRESS 4982 Hatfield APT/LOT NO. _____CITY Valdosta STATE GA ZIP CODE 31605NEW 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> & opened new account!

TANK PICKUP/SET	TANK SIZE	SERIAL #	TANK %	TANK DESTINATION	DOT PERMANENTLY INSTALLED CONTAINERS				
set	420	2594708		Left	MANUFACTURED DATE	LAST TEST DATE	SIZE	SERIAL #	% FULL

QTY	APPLIANCES / EQUIP. SOLD-PARTS/MATERIAL USED	MODEL #	SERIAL NUMBER	UNIT PRICE	SALES AMOUNT
1	Drip Leg				31.50
1	B46R				79.95
1	Y46R				99.95
1	3/4 Black Tee				4.93
1	3/4 x 1/2 Bell Nud				2.95
3	3/4 Close Nipple				5.85
1	TWH Flex Line				19.95
1	1/2" close nipple				1.95
2	1/2 x 3/8 Nip				2.95

WORK PERFORMED: <u>Set tank tie into home & leak test</u>	REGULATION INFORMATION		APPLIANCES/EQUIP. SOLD	CODE	
	MAKE:	MODEL:	PARTS/MAT. USED	MP	1099.95
	DATE CODE:	VENT:	TANK RENT	MS	913.60
SERVICEMAN MUST COMPLETE BELOW SECTION FOR NEW INSTALLATIONS OR SERVICE					CF 81.82
					14.95

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 ☐	HIGH:	1st Stage	2nd Stage	LOW	%	88.00 73.09
2) ALL APPLIANCES INSTALLED IN COMPLIANCE WITH N.F.P.A. PAMPHLET NUMBER 54 ☐	START LOCK-UP:	PSI	PSI	START LOCK-UP:	W.C.	6.55
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.	1.20
	AFTER 10 MINUTES:	PSI	PSI	AFTER 10 MINUTES:	W.C.	
	PRESSURE AS LEFT:	PSI	PSI	PRESSURE AS LEFT:	W.C.	
X	PIPING PRESSURE TEST				LABOR	2 hrs 25 min 450.00
	CUSTOMER SIGNATURE	START	PSIG	FINISH	PSIG	
					INVTOTAL	200.00
					AMOUNT RECEIVED	400.00
						2729.16

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.

Suth W. Sube
SERVICE REP. SIGNATURE6-9-25
DATE

X

CUSTOMER SIGNATURE



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NAME _____ RT # _____ RT. SEQ. _____ ACCT # _____ DATE _____ INT _____

[illegible]

REGULATOR INFORMATION

VENT:

[illegible]

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