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115603

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(229) 386-5574

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

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

2310-B Highway 84 W
Valdosta, GA 31602
(229) 469-4250

NAME Pat Price/Herbert Price RT# _____ RT. SEQ. _____ ACCT # 04-23562 DATE 6-4-25 INT _____

MAILING ADDRESS _____ CO. _____ CITY _____

ADDRESS 491 Pats Lane APT/LOT NO. _____

CITY Dixie STATE GA ZIP CODE _____

NEW CUSTOMER INFORMATION

S.S. NO. _____ DELV _____

HOME PH _____ RENT _____

WORK PH _____ CREDIT _____

LITE PILOT _____ PC _____

EMPLOYER _____

DR. _____ USE _____ LEASE _____

email: _____

cell # _____

PAY BILL ONLINE @congerlpgas.com

SERVICE REQUESTED: ☐ CASH ☐ CHARGE DATE PROMISED _____

DIRECTIONS: Replace Noritz TTHWH w/ Rinnai RE180ep.

Do Gas check so Home Owner can get Rebates

TANK PICKUP/SET	TANK SIZE	SERIAL #	TANK %	TANK DESTINATION	DOT PERMANENTLY INSTALLED CONTAINERS				
					MANUFACTURED DATE	LAST TEST DATE	SIZE	SERIAL #	% FULL
<u>Set</u>	<u>500</u>	<u>1531969</u>							

QTY	APPLIANCES / EQUIP. SOLD-PARTS/MATERIAL USED	MODEL #	SERIAL NUMBER	UNIT PRICE	SALES AMOUNT
<u>1</u>	<u>RE180ep</u>	<u>Re180ep</u>	<u>TB-UA-021747</u>		<u>1099.95</u>
<u>1</u>	<u>Drip leg</u>				<u>31.50</u>
<u>1</u>	<u>1/2 close nip</u>				<u>1.95</u>
<u>1</u>	<u>1/2 cutoff 3/8 flare</u>				<u>19.95</u>
<u>1</u>	<u>1/2 Flare union</u>				<u>4.95</u>
<u>1</u>	<u>1/2-3/4 nip</u>				<u>3.95</u>

WORK PERFORMED:	REGULATION INFORMATION	APPLIANCES/EQUIP. SOLD	CODE		
	MAKE:	MODEL:	PARTS/MAT. USED		
	DATE CODE:	VENT:	TANK RENT		
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 ☐	LEAK AND PRESSURE TEST			SALES TAX	
2) ALL APPLIANCES INSTALLED IN COMPLIANCE WITH N.F.P.A. PAMPHLET NUMBER 54 ☐	HIGH:	1st Stage	2nd Stage	LOW	
I HAVE RECEIVED A SCRATCH AND SNIFF BROCHURE AND THE ODOR CHARACTERISTICS HAVE BEEN DEMONSTRATED TO ME.	START LOCK-UP:	PSI	PSI	START LOCK-UP:	W.C.
	TANK OFF:	PSI	PSI	TANK OFF:	W.C.
	PRESSURE	PSI	PSI	PRESSURE	W.C.
	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