



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

306 S.
Sylvester
(229) 7

Application l Rinnai GPC
Gas Check ✓ Warranty Inv ✓
New Cust Pkg l 5 Yr Letter ✓
Lease/Rent/Amt l l l

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

INVOICE / WORK ORDER NO.

110012

NAME Neal Roberson RT# _____ RT. SEQ. _____ ACCT # 1-02059 DATE 10/7/24 INT ✓

MAILING ADDRESS _____ CO. _____ CITY _____

ADDRESS 18 Crown Rd. APT/LOT NO. _____

CITY Chick STATE GA ZIP CODE 31733

NEW CUSTOMER INFORMATION

S.S. NO. _____ DELV _____
HOME PH _____ RENT _____
WORK PH _____ CREDIT _____
LITE PILOT _____ PC _____
EMPLOYER _____
DR. _____ USE _____ LEASE _____

email: NealRoberson47@icloud.com
cell # 229-442-0175

PAY BILL ONLINE @congerlpgas.com

SERVICE REQUESTED: ☐ CASH ☐ CHARGE DATE PROMISED _____

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 RE199EP Service valve | SC6A | 029321 | | 1399.95 |
| | | | | | |
| | | | | | |
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| | | | | | |
| | | | | | |

| 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: | | | 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. |
| I HAVE RECEIVED A SCRATCH AND SNIFF BROCHURE AND THE ODOR CHARACTERISTICS HAVE BEEN DEMONSTRATED TO ME. | | | 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 _____ 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

DATE

X

CUSTOMER SIGNATURE

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

Pd 1511.95
chad 2190