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114122

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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

NAME Foshey Const. RT# _____ RT. SEQ. _____ ACCT # 7-18122 DATE 1-3-25 INT _____

MAILING ADDRESS _____ CO. _____ CITY _____

ADDRESS 87 Kings lane APT/LOT NO. _____

CITY Glennwood STATE GA ZIP CODE 30428

SERVICE REQUESTED: ☐ CASH ☐ CHARGE DATE PROMISED _____

Mount w/ & set 250 tank

DIRECTIONS:

NEW CUSTOMER INFORMATION

S.S. NO. _____ DELV _____

HOME PH _____ RENT _____

WORK PH _____ CREDIT _____

LITE PILOT _____ PC _____

EMPLOYER _____

DR. _____ USE _____ LEASE _____

email: _____

cell # 407-488-3903

PAY BILL ONLINE @congerlpgas.com

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	<u>Pinnai Rk</u>	<u>RLTSEP</u>	<u>PLCA-036393</u>	<u>999.95</u>	<u>999.95</u>

WORK PERFORMED:	REGULATION INFORMATION	APPLIANCES/EQUIP. SOLD	CODE
<u>Hang w/h</u>	MAKE: _____ MODEL: _____	PARTS/MAT. USED _____	<u>999.95</u>
	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:	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

CUSTOMER SIGNATURE

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