



congerlpgas.com

INVOICE / WORK ORDER NO.

116218

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

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

NAME Owens Vinyl RT# _____ RT. SEQ. _____ ACCT # 20152 DATE 4-10-25 INT _____

MAILING ADDRESS _____ CO. _____ CITY _____

Job: 201 Bailey Circle APT/LOT NO. _____

CITY Thomasville STATE GA ZIP CODE _____

SERVICE REQUESTED: ☐ CASH ☐ CHARGE DATE PROMISED _____

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

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	Refrigerator	Refrigerator	PK11A-11341		899.99

WORK PERFORMED:	REGULATION INFORMATION	APPLIANCES/EQUIP. SOLD	CODE	SALES AMOUNT
MAKE: _____	MODEL: _____	PARTS/MAT. USED	WH	899.99
DATE CODE: _____	VENT: _____	TANK RENT	MS	3.00
SERVICEMAN MUST COMPLETE BELOW SECTION FOR NEW INSTALLATIONS OR SERVICE				CF
SERVICEMAN TO COMPLETE IN PRESENCE OF CUSTOMER:				14.95
LEAK AND PRESSURE TEST				22.09
SALES TAX _____ %				24
HIGH: 1st Stage 2nd Stage LOW				1.20
START LOCK-UP: PSI PSI START LOCK-UP: W.C. LABOR				50.00
TANK OFF: PRESSURE PSI PSI TANK OFF: PRESSURE W.C. GPC				400.00
AFTER 10 MINUTES: PSI PSI AFTER 10 MINUTES: W.C.				
PRESSURE AS LEFT: PSI PSI PRESSURE AS LEFT: W.C.				
PIPING PRESSURE TEST				INV. TOTAL 1041.38
START PSIG FINISH PSIG				AMOUNT RECEIVED

1) STORAGE SYSTEM INSTALLED IN COMPLIANCE WITH N.F.P.A. PAMPHLET NUMBER 58 ☐

2) ALL APPLIANCES INSTALLED IN COMPLIANCE WITH N.F.P.A. PAMPHLET NUMBER 54 ☐

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

X _____
CUSTOMER SIGNATURE

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.

[Signature]
SERVICE REP. SIGNATURE

4-11-25
DATE

X

CUSTOMER SIGNATURE