

129568

NAME Landon Dotson RT# _____ RT. SEQ. _____ ACCT # 1-25798 DATE 8-3 INT L.D

MAILING ADDRESS _____ CO. _____ CITY _____

ADDRESS 416 W. 6th St. APT/LOT NO. _____

CITY Tifton STATE GA ZIP CODE 31794

NEW CUSTOMER INFORMATION

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

email: Ld27178@cloud.gm

cell # 229-848-6654

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	REP160CP Rinnai		PK, VA-111458		843 34

WORK PERFORMED: <u>purchased Rinnai</u>	REGULATION INFORMATION		APPLIANCES/EQUIP. SOLD	CODE	843 34
	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 ☐	HIGH:	1st Stage	2nd Stage	LOW			
2) ALL APPLIANCES INSTALLED IN COMPLIANCE WITH N.F.P.A PAMPHLET NUMBER 54 ☐	START LOCK-UP:	PSI	PSI	START LOCK-UP:	W.C.	LABOR	
	TANK OFF: PRESSURE	PSI	PSI	TANK OFF: PRESSURE	W.C.	<u>GPC</u>	<u>GN</u>
	AFTER 10 MINUTES: PRESSURE	PSI	PSI	AFTER 10 MINUTES: PRESSURE	W.C.		
	AS LEFT:	PSI	PSI	AS LEFT:	W.C.		
X _____ CUSTOMER SIGNATURE			PIPING PRESSURE TEST			INV. TOTAL	510.81
	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