

129324

NAME Danny Coley RT# _____ RT. SEQ. _____ ACCT # 01-25782 DATE 6/26/26 INT _____

MAILING ADDRESS DBA CO. _____ CITY _____ S.S. NO. _____ DELV _____

ADDRESS 190 Oserfield av "Job" wray APT/LOT NO. _____ HOME PH _____ RENT _____

CITY _____ STATE _____ ZIP CODE _____ WORK PH _____ CREDIT _____

DR. _____ USE _____ LEASE _____

SERVICE REQUESTED: ☐ CASH ☐ CHARGE DATE PROMISED _____

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	RE180eP with valve kit		WD-4A-040035	1199.95	1199.95
1	Pipe Cover kit PC009-SHS			190.95	190.95

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 ☐		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.
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	1302.18
		START	PSIG	FINISH	PSIG	AMOUNT RECEIVED
						1302.18

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 [Signature] DATE 8-24-26 X CUSTOMER SIGNATURE _____