

137382

NAME Dwens Vinyl RT# _____ RT. SEQ. _____ ACCT # 20152 DATE 8/31/26 INT Tjmr

MAILING ADDRESS _____ CO. _____ CITY _____ S.S. NO. _____ DELV _____
ADDRESS 5354 Hamilton Green Cir APPLLOT NO. _____ HOME PH _____ RENT _____
CITY Valdosta STATE Ga ZIP CODE _____ WORK PH _____ CREDIT _____
LITE PILOT _____ PC _____
EMPLOYER _____
DR. _____ USE _____ LEASE _____

SERVICE REQUESTED: ☐ CASH ☐ CHARGE DATE PROMISED _____ email: _____
cell # _____
PAY BILL ONLINE @congerlpgas.com
DIRECTIONS: Many Binnai tankless water heater on Exterior

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	Binnai	REP160EP	P1.11A-119934		1099.95

WORK PERFORMED:	REGULATION INFORMATION		APPLIANCES/EQUIP. SOLD	1099.95
	MAKE:	MODEL:	PARTS/MAT. USED	MS 16.00
	DATE CODE:	VENT:	TANK RENT	
SERVICEMAN MUST COMPLETE BELOW SECTION FOR NEW INSTALLATIONS OR SERVICE				CF 18.95
SERVICEMAN TO COMPLETE IN PRESENCE OF CUSTOMER:			SALES TAX	88.48
LEAK AND PRESSURE TEST			%	1.52
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:
	TANK OFF:	PSI	PSI	TANK OFF:
	PRESSURE	PSI	PSI	PRESSURE
	AFTER 10 MINUTES:	PSI	PSI	AFTER 10 MINUTES:
	PRESSURE AS LEFT:	PSI	PSI	PRESSURE AS LEFT:
				W.C.
PIPING PRESSURE TEST				INV. TOTAL
START PSIG FINISH PSIG				AMOUNT RECEIVED

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

LABOR 1 man 1 hr 100.00
 Binnai Rebate (100.00)
 GPC Rebate (400.00)
 1314.90

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.

Matt R 8/27/26 x _____
 SERVICE REP. SIGNATURE DATE CUSTOMER SIGNATURE