



congerlpgas.com

119295

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 Carol Myers - Fuqua RT# _____ RT. SEQ. _____ ACCT # 1-24183 DATE 11/4/25 INT Ym

MAILING ADDRESS _____ CO. _____ CITY _____ ADDRESS 165 Pansy Rd. APT/LOT NO. _____ CITY Ocilla STATE GA ZIP CODE 31774

NEW CUSTOMER INFORMATION

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

email: my_sunplace@verizon.net
 cell # 813-760-7028
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 | Service Valve Kit | MIVK-T-LW | | | |
| 1 | Rinnai RE180ex | TH.UA- | 116511 | | 1199.95 |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

| | | | |
|-----------------|------------------------|------------------------|------|
| 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:

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

| | | | | | |
|-------------------------------------|-----------|-----------|-------------------------------------|-------------------|--------------|
| LEAK AND PRESSURE TEST | | | | SALES TAX _____ % | 96.00 |
| HIGH: | 1st Stage | 2nd Stage | LOW | | |
| START LOCK-UP: | PSI | PSI | START LOCK-UP: | W.C. | LABOR |
| TANK OFF: PRESSURE | PSI | PSI | TANK OFF: PRESSURE | W.C. | GPC <200.00> |
| AFTER 10 MINUTES: PRESSURE AS LEFT: | PSI | PSI | AFTER 10 MINUTES: PRESSURE AS LEFT: | W.C. | |
| PIPING PRESSURE TEST | | | | INV. TOTAL | 1095.95 |
| 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

2/23/26 x _____
DATE CUSTOMER SIGNATURE



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NAME Carol Myers - Fuder RT# AH RT. SEQ. ACCT # 1-24183 DATE 10/30/25 INT

MAILING ADDRESS CO. CITY

ADDRESS 1165 Parshey Rd. APT/LOT NO.

CITY Ovilla STATE GA ZIP CODE 31774

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

SERVICE REQUESTED: CASH CHARGE DATE PROMISED

COT, Runline for Rinna & Range, Purchase & install Rinna

DIRECTIONS: MORE TANK 1 RE180 CP

email: cell # 813-760-7028 PAY BILL ONLINE @congerlpgas.com

WH already billed to acct

Table with columns: TANK PICKUP/SET, TANK SIZE, SERIAL #, TANK %, TANK DESTINATION, DOT PERMANENTLY INSTALLED CONTAINERS (MANUFACTURED DATE, LAST TEST DATE, SIZE, SERIAL #, % FULL)

Table with columns: QTY, APPLIANCES / EQUIP. SOLD-PARTS/MATERIAL USED, MODEL #, SERIAL NUMBER, UNIT PRICE, SALES AMOUNT

WORK PERFORMED: Fan line to w/h, left stub up for range REGULATION INFORMATION MAKE: TA9 MODEL: Rego DATE CODE: 902025 VENT: Down

SERVICEMAN MUST COMPLETE BELOW SECTION FOR NEW INSTALLATIONS OR SERVICE LEAK AND PRESSURE TEST HIGH: 1st Stage 2nd Stage LOW START LOCK-UP: 11 PSI PSI START LOCK-UP: W.C. LABOR TANK OFF: PRESSURE 9 PSI PSI TANK OFF: PRESSURE W.C. AFTER 10 MINUTES: 9 PSI PSI AFTER 10 MINUTES: W.C. PRESSURE AS LEFT: 11 PSI PSI PRESSURE AS LEFT: W.C. PIPING PRESSURE TEST INV. TOTAL 1,340.61

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