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114828

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3117 Veterans Parkway S. Moultrie, GA 31788 (229) 985-6942

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

NAME Mary Angelo RT# _____ RT. SEQ. _____ ACCT # 7-18480 DATE 3-17-26 INT _____

MAILING ADDRESS _____ CO. _____ CITY _____

ADDRESS 81 Shady Ln APT/LOT NO. _____

CITY Swainsboro STATE GA ZIP CODE 30401

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 _____

Hang w/it

email: _____
cell # 813-514-7690
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	<u>Runnair w/it</u>	<u>RE180CP</u>	<u>TM. 4A-176136</u>	<u>1299.95</u>	<u>1299.95</u>
1	<u>Sediment trap</u>			<u>75.00</u>	<u>75.00</u>
2	<u>CUTOFFS</u>			<u>24.95</u>	<u>49.90</u>
1	<u>MIP</u>			<u>2.95</u>	<u>2.95</u>
1	<u>3/4 straight vac fitting</u>			<u>44.95</u>	<u>44.95</u>

WORK PERFORMED:	REGULATION INFORMATION	APPLIANCES/EQUIP. SOLD	CODE
	MAKE: _____ MODEL: _____	PARTS/MAT. USED	<u>1299.95 11</u>
	DATE CODE: _____ VENT: _____	TANK RENT	<u>172.80 15</u>

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 <input type="checkbox"/>	HIGH: 1st Stage 2nd Stage LOW	_____ %	<u>120.65</u>
2) ALL APPLIANCES INSTALLED IN COMPLIANCE WITH N.F.P.A PAMPHLET NUMBER 54 <input type="checkbox"/>	START LOCK-UP: PSI PSI START LOCK-UP: W.C.	LABOR	<u>100.00</u>
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.	<u>MS</u>	<u>16.37</u>
	AFTER 10 MINUTES: PSI PSI AFTER 10 MINUTES: W.C.	<u>GR (200.00)</u>	
	PRESSURE AS LEFT: PSI PSI PRESSURE AS LEFT: W.C.	<u>TOTAL -></u>	<u>1743.80</u>
X _____ CUSTOMER SIGNATURE	PIPING PRESSURE TEST	INV. TOTAL	<u>1743.80</u>
	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.

[Signature] SERVICE REP. SIGNATURE 3/17/24 DATE X _____ CUSTOMER SIGNATURE