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Valdosta, GA 31602
(229) 469-4250

INVOICE / WORK ORDER NO.

114889

NAME Hollingsworth Homes RT# _____ RT. SEQ. _____ ACCT # 7-18495 DATE 5-20-26 INT _____

MAILING ADDRESS _____ CO. _____ CITY _____

ADDRESS 2819 Sand Hill Rd APT/LOT NO. _____

CITY Quyen STATE GA ZIP CODE 31312

SERVICE REQUESTED: ☐ CASH ☐ CHARGE DATE PROMISED _____

W/H.

DIRECTIONS:

NEW CUSTOMER INFORMATION

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

email: _____

cell # 858-774-8687

PAY BILL ONLINE @congerlpgas.com

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	Rinnai W/H	Rx/Wien	TRBA-252175	1599.95	1599.95
1	Sediment trap			75.00	75.00
1	CURFER			24.95	24.95
1	3/4 straight line fitting			44.95	44.95

WORK PERFORMED:	REGULATION INFORMATION	APPLIANCES/ EQUIP. SOLD	CODE
<u>115mm W/H</u>	MAKE: _____ MODEL: _____	PARTS/MAT. USED	<u>1599.95</u>
	DATE CODE: _____ VENT: _____	TANK RENT	<u>144.95</u>
			<u>(200.00)</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 ☐	HIGH: 1st Stage 2nd Stage LOW	START LOCK-UP: PSI PSI	START LOCK-UP: W.C.	LABOR
2) ALL APPLIANCES INSTALLED IN COMPLIANCE WITH N.F.P.A. PAMPHLET NUMBER 54 ☐	TANK OFF: PRESSURE PSI PSI	TANK OFF: PRESSURE W.C.		
I HAVE RECEIVED A SCRATCH AND SNIFF BROCHURE AND THE ODOR CHARACTERISTICS HAVE BEEN DEMONSTRATED TO ME.	AFTER 10 MINUTES: PSI PSI	AFTER 10 MINUTES: W.C.		
	PRESSURE AS LEFT: PSI PSI	PRESSURE AS LEFT: W.C.		
X	PIPING PRESSURE TEST		INV. TOTAL	
CUSTOMER SIGNATURE	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 [Signature] DATE 5/24/26 X CUSTOMER SIGNATURE _____