



congerlpgas.com

INVOICE / WORK ORDER NO.

125953

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 Morgan, Justin RT# _____ RT. SEQ. _____ ACCT # 05-24696 DATE June 24, 2010

MAILING ADDRESS _____ CO. _____ CITY _____

ADDRESS 500 tub APT/LOT NO. _____

CITY Oxson STATE GA ZIP CODE 31624

SERVICE REQUESTED: ☐ CASH ☐ CHARGE DATE PROMISED _____

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

email: Justin and April Morgan@gmail.com
cell # 912 292 8730
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
	<u>REISO</u>	<u>REISO</u>	<u>(WCUA-034448)</u>		<u>1299.00</u>

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. LABOR	
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>GPC - 200.00</u>
	AFTER 10 MINUTES: PSI PSI AFTER 10 MINUTES: W.C.	
	PRESSURE AS LEFT: PSI PSI PRESSURE AS LEFT: W.C.	
	PIPING PRESSURE TEST	
X _____ CUSTOMER SIGNATURE	START PSIG FINISH PSIG	INV. TOTAL
	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 _____ DATE _____ x _____ CUSTOMER SIGNATURE _____