

**SHIP8, INC.**

ATTN: ACCOUNTS PAYABLE  
45875 NORTHPORT LOOP EAST  
FREMONT, CA 94538  
US  
AP.SHIP8@SHIP8.COM

**PO No.**  
24040395

**PO Date**  
04/09/2024

**Page**  
1 OF 1

**ORDER FROM**

100047  
ULINE  
ATTN: ACCOUNTS RECEIVABLE  
CHICAGO, IL 60680-1741

**SHIP TO**

SD2(2000),  
SHIP8, INC.  
ATTN: CHRISTINE JENKINS  
550 NORTHPORT PARKWAY  
PORT WENTWORTH, GA 31407  
US

**Buyer**

Purchasing Dept

**Terms**

Net 30 Days

**FOB**

FOB Origin

**Ship Via**

Best possible

Line No.	Vendor Item No.	Vendor Item Description	Qty Ordered	UOM	Unit Price	Extended Price
1	S-3401	19X24 TEAR-PROOF POLY MAILERS	30.00	Each	57.00	

*H-11 Inc.*

Total Extended Price =



# SHIP8 INC.

DATE 4/9/2024  
 WHS LOCATION SD2  
 DEPARTMENT ASRS

SUPPLIER / VENDOR:

NAME \_\_\_\_\_  
 ADDRESS **ULINE**  
 CONTACT \_\_\_\_\_  
 TEL NO. \_\_\_\_\_

SHIP TO:

NAME \_\_\_\_\_  
 ADDRESS Ship8 Inc  
 550 NorthPort Parkway Port Wentworth GA, 31407  
 Port Wentworth, GA 31407  
 CONTACT Christine Jenkins  
 TEL NO. 912-373-7778 ext 3751

ITEM	DESCRIPTION	UNIT PRICE	QTY	EXTENDED \$\$	REMARKS/PURPOSE	CODING (ACCT USE ONLY)
S-3401	19X24 POLY MAILER BAGS	57.00	30	1710.00		
<b>ESTIMATED TOTAL</b>				1710.00		

Check box if attaching quote

REQUESTER SIGNATURE: \_\_\_\_\_  
 WAREHOUSE DIRECTOR SIGNATURE: Edward Maxwell  
 SHIP8 PRESIDENT SIGNATURE: \_\_\_\_\_  
 E&E CONTROLLER SIGNATURE: \_\_\_\_\_  
 IT AUTHORIZER (SOFTWARE & HARDWARE): \_\_\_\_\_

DATE: \_\_\_\_\_  
 DATE: 4-9-24  
 DATE: \_\_\_\_\_  
 DATE: \_\_\_\_\_  
 DATE: \_\_\_\_\_

FOR OFFICE USE ONLY

ORDER DATE: _____	ORDERED BY: _____
ETA DATE: _____	ORDERED AMOUNT: _____
<b>PAYMENT METHOD: (Please check one)</b>	
<input type="checkbox"/> OPEN ACCOUNT (VENDOR BILL)	Provide <b>REQ #</b> to vendor for invoicing, submit approved requisition form to A/P for payment processing
<input type="checkbox"/> COD / PREPAID	Submit approved requisition form and vendor invoice to Controller for COD/prepaid check
<input type="checkbox"/> COMPANY CREDIT CARD / CARD HOLDER	Submit approved requisition form and receipt to Credit Card Holder
<input type="checkbox"/> EMPLOYEE CREDIT CARD / CHECK	Attach approved requisition form and receipt to employee's expense report for reimbursement.



1-800-295-5510

[View Cart](#)

[Help](#)

[Chat Live](#)

## ORDER SUBMITTED

**ORDER # 14733666**

Order Date: 04/09/2024

Thank you for shopping with Uline! Your order has been successfully submitted.  
You will receive an email confirmation at [christine.jenkins@ship8.com](mailto:christine.jenkins@ship8.com) once this order has been processed.

### Order Details

**Billing Address**

SHIP 8 INC  
45875 NORTHPORT LOOP E  
FREMONT, CA 94538-6414

**Shipping Address**

SHIP8 INC  
550 NORTHPORT PKWY  
PORT WENTWORTH, GA 31407-9286

**Ship Via:** AVERITT EXPRESS

Will Ship: 04/09/2024

**Payment Method:** Net 30

PO #: 24040395

Uline Account #: 4320560

Order Placed By:  
CHRISTINE JENKINS

**Special Instructions:** ATTN Christine Jenkins

Model #	Description	Unit Cost	Qty	Ext. Cost
S-3401	Tear-Proof Polyethylene Mailers - 19 x 24"	\$57.00 / CT	30	\$1,710.00
H-2790BL	Weber® Smokey Joe® Grill	FREE / EA	1	FREE
Subtotal =				\$1,710.00
Tax =				\$0.00
Shipping/Handling =				FREE
<b>Total =</b>				<b>\$1,710.00</b>

# ULINE

1-800-295-5510

uline.com

705 Braselton Industrial Blvd., Braselton, GA 30517



DO#: 266335689001

SHIPPING SUPPLY SPECIALISTS

**SOLD TO:** SHIP 8 INC  
45875 NORTHPORT LOOP E  
FREMONT, CA 945386414

**SHIP TO:** SHIP8 INC  
550 NORTHPORT PKWY  
ATTN: CHRISTINE JENKINS  
PORT WENTWORTH, GA 31407

Order #: 14733666

CUSTOMER NO.	PURCHASE ORDER NO.	SHIP VIA	ORDER DATE	TERMS	INVOICE DATE
4320560	24040395	Averitt Express	04/09/2024		04/09/2024

MODEL NUMBER	DESCRIPTION	QUANTITY			BACK ORDERED
		ORDERED	U/M	SHIPPED	
H-2790BL	SMOKEY JOE GRILL-BLACK THIS ITEM AT NO CHARGE	1	EA	1	
S-3401	19X24 POLY MAILER 100/CT	30	CT	30	

*Rec'd  
4-11-24  
CH*

**RETURNS: WE HOPE YOU ARE HAPPY WITH THIS ORDER. HOWEVER, IF YOU NEED TO RETURN MERCHANDISE, PLEASE REFER TO THE BACK OF THIS FORM. THERE IS NO NEED TO CALL ULINE.**

ORDER PLACED BY: CHRISTINE JENKINS  
4/9/24 12:00 PM 4/9/24 9:51 AM

5306695991  
INTERNET

G6

# PACKING LIST



1-800-295-5510

uline.com

PO Box 88741 • Chicago, IL 60680-1741

**INVOICE**

ULINE FED ID#: 36-3684738

INVOICE #: 176646707

ORDER #: 14733666

THANK YOU FOR YOUR ORDER. ULINE CUSTOMER SINCE 2008

**SOLD TO:** SHIP 8 INC  
45875 NORTHPORT LOOP E  
FREMONT CA 94538-6414

**SHIP TO:** SHIP8 INC  
550 NORTHPORT PKWY  
ATTN: CHRISTINE JENKINS  
PORT WENTWORTH GA 31407-9286

CUSTOMER NO.	PURCHASE ORDER NO.	SHIP VIA	ORDER DATE	DATE SHIPPED	TERMS	INVOICE DATE
4320560	24040395	AVERITT EXP	04/09/24	04/09/24	NET 30 DAYS	04/09/24
QTY ORDERED	U/M	BACK ORDERED	ITEM NUMBER	DESCRIPTION	UNIT PRICE	EXTENDED PRICE
30	CT		S-3401	TEAR-PROOF POLYETHYLENE MAILERS - 19 X 24"	57.00	1,710.00
1	EA		H-2790BL	WEBER® SMOKEY JOE® GRILL THIS ITEM AT NO CHARGE	.00	.00

ORDER PLACED BY: CHRISTINE JENKINS  
INTERNET PRO #: 0414088373

SUB-TOTAL 1,710.00	SALES TAX .00	SHIPPING/HANDLING .00	AMOUNT DUE \$ 1,710.00
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PLEASE PAY FROM THIS INVOICE  
REFER TO THIS INVOICE NUMBER  
WHEN CONTACTING US REGARDING  
THIS TRANSACTION

CUSTOMER NAME	CUSTOMER NUMBER	INVOICE NUMBER	INVOICE DATE	AMOUNT DUE
SHIP 8 INC	4320560	176646707	04/09/24	1,710.00

AMOUNT ENCLOSED  
IF DIFFERENT THAN AMOUNT DUE \$ \_\_\_\_\_  
EXPLAIN DIFFERENCES ON REVERSE SIDE

MAKE CHECK PAYABLE AND MAIL TO:

**ULINE**  
ATTN: ACCOUNTS RECEIVABLE  
PO Box 88741  
Chicago IL 60680-1741

IMPORTANT – PLEASE DETACH AND RETURN THIS PORTION TO ENSURE PROPER CREDIT