

SHIP8, INC.

ATTN: ACCOUNTS PAYABLE
45875 NORTHPORT LOOP EAST
FREMONT, CA 94538
US

AP.SHIP8@SHIP8.COM

ORDER FROM

1069

LIFT POWER INC.

JACKSONVILLE, FL 32254

Buyer

Purchasing Dept

Terms

Net 30 Days

FOB

FOB Origin

Ship Via

Best possible

UOM

Each

Qty Ordered

1.00

Vendor Item Description

Kit M.F.C. ASM - STD

Vendor Item No.

140750-001-0R-S

Line No.

1

Unit Price

953.52

Extended Price

953.52

JWU.

Total Extended Price =

PO No.

24060704

PO Date

06/24/2024

Page

1 OF 1

SHIP TO

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



Purchase Requisition Form

SHIP8 INC.

DATE 6/24/2024
 WHS LOCATION SD2
 DEPARTMENT Maintenance

SUPPLIER / VENDOR:

NAME Lift Power
 ADDRESS _____
 CONTACT _____
 TEL NO. _____

SHIP TO:

NAME James Burford
 ADDRESS 550 Northport Parkway
Port Wentworth, GA 31407
 CONTACT James Burford
 TEL NO. _____

	DESCRIPTION	UNIT PRICE	QTY	EXTENDED \$\$	REMARKS/PURPOSE	CODING (ACCT USE ONLY)
140750-001-0R-S	Kit M.F.C. ASM - STD	\$ 953.52	1	\$ 953.52	Reference Quote # 935004672	
				\$ -		
				\$ -		
				\$ -		
				\$ -		
				\$ -		
				\$ -		
				\$ -		
				\$ -		
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				\$ -		
				\$ -		
				\$ -		
				\$ -		
				\$ -		
				\$ -		
ESTIMATED TOTAL				\$ 953.52		

Check box if attaching quote

REQUESTER SIGNATURE: _____
 WAREHOUSE DIRECTOR SIGNATURE: James Burford
 SHIP8 PRESIDENT SIGNATURE: _____
 E&E CONTROLLER SIGNATURE: _____
 IT AUTHORIZER (SOFTWARE & HARDWARE): _____

DATE: _____
 DATE: 6/24/2024
 DATE: _____
 DATE: _____
 DATE: _____

FOR OFFICE USE ONLY

ORDER DATE: _____ ORDERED BY: _____
 ETA DATE: _____ ORDERED AMOUNT: _____

PAYMENT METHOD: (Please check one)

- OPEN ACCOUNT (VENDOR BILL) → Provide REQ # to vendor for invoicing, submit approved requisition form to A/P for payment processing
- COD / PREPAID → Submit approved requisition form and vendor invoice to Controller for COD/prepaid check
- COMPANY CREDIT CARD / CARD HOLDER → Submit approved requisition form and receipt to Credit Card Holder
- EMPLOYEE CREDIT CARD / CHECK → Attach approved requisition form and receipt to employee's expense report for reimbursement

LIFTPOWER

Industrial Trucks - Materials Handling Equipment

6801 Suemao Place

Jacksonville, FL 32254

(904) 783-0250 | Fax (904) 781-1451

Quote # 935004672

Quote Date 6/21/2024

Terms - Net 30

Parts Counter Quote

Salesman: House CSSR

Writer:

BILL

TO: 7253
SHIP8 INC
45875 NORTHPORT LOOP EAST
Fremont, CA 94538
510-490-9788

SHIP
TO: 7256
SHIP8 INC
SD2
550 NORTHPORT PKWY
Savannah, GA 31407
510-490-9788

PO #	Ship Via	FOB	Make	Model	Serial #	Unit #	Meter
NEED			CROWN	RRS220-35	1A272263	RT03	1811

ERIC EMAILED IN WITH MODEL & SERIAL FOR THE HANDLE ASSEMBLY

Part #	Whse	Description	Bin	Qty	Each	Extended
140750-001-0R-S	SAV	KIT M.F.C. ASM - STD	RACK00A	1	953.52	953.52

Quote

This Quotation is valid for 30 days.
This Quotation is subject to +/- 10% variation based on cost (Freight is only an estimate).

Sub Total	\$953.52
Tax	\$66.75
Total	\$1,020.27

Ok, thanks for the update.

Christine Jenkins
Purchasing Coordinator
550 Northport Parkway
Port Wentworth, GA 31407

O:912-373-7778 X 3751



SHIP8

Branden Washington

To: Christine Jenkins: James Barford

Cc: savmaintmanagement

Yup i got it



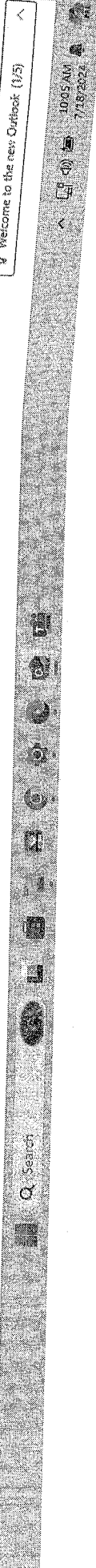
SHIP8 INC.

Branden Washington
Maintenance Supervisor
311 International Trade Pkwy
Port Wentworth, GA 31407

Handwritten signature and date: 4-18-24

☺ Reply Reply all Forward ...
Thu 7/18/2024 9:59 AM

Welcome to the new Outlook (1/5)



LIFTPOWER

Industrial Trucks • Materials Handling Equipment
 801 Suemac Place
 Jacksonville, FL 32254
 (904) 783-0250 | Fax (904) 781-1451

Inv # 350025031
 Reference # 935004672
 Inv Date 6/27/2024
 Terms - Net 30

Parts Counter Invoice

Salesman: House CSSR

Writer:

BILL TO:
 7253
 SHIP8 INC
 45875 NORTHPORT LOOP EAST
 Fremont, CA 94538
 510-490-9788

SHIP TO:
 7256
 SHIP8 INC
 SD2
 550 NORTHPORT PKWY
 Savannah, GA 31407
 510-490-9788

Part #	Ship Via	FOB	Make	Model	Serial #	Unit #	Meter
1060704			CROWN	RR5220-35	1A272263	RT03	1811

REMIC EMAILED IN WITH MODEL & SERIAL FOR THE HANDLE ASSEMBLY

Part #	Whse	Description	Bin	Qty	BO	Shipped	Each	Extended
10750-001-0R-S	SAV	KIT M.F.C. ASM - STD	RACK00A	1	0	1	953.52	953.52

Return Policy"

Electrical or special ordered parts are non-returnable. Parts ordered from stock may be returned with a 25% restocking charge.

Services sent to collections will be subject to additional costs associated with collection of a debt over and above the original debt amount.

Sub Total:	\$953.52
Tax:	\$66.75
Total:	\$1,020.27