

**SHIP8, INC.**

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

AP.SHIP8@SHIP8.COM

ORDER FROM

100060

CROWN EQUIPMENT CORPORATION  
P.O.BOX 641173  
CINCINNATI, OH 45264-1173

Buyer

Purchasing Dept

Terms

Net 30 Days

FOB

FOB Origin

Ship Via

Best possible

SHIP TO

WDC(4000),  
SHIP8, INC.  
ATTN: CHRISTINE JENKINS  
221 HANSON WAY  
WOODLAND, CA 95776  
US

Page

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PO No.

24070737

PO Date

07/02/2024

Vendor Item Description

Vendor Item No.

Line No.

UOM

Qty Ordered

Unit Price

Extended Price

300089824

Boom

1

Each

1.00

350.00

JNV. 6-26

Total Extended Price =



# Purchase Requisition Form

## SHIP8 INC.

DATE 7/1/24  
 WHS LOCATION WDC  
 DEPARTMENT Ecom

**SUPPLIER / VENDOR:**

NAME	Crown
ADDRESS	1420 Enterprise Blvd West Sacramento, Ca 95691
CONTACT	
TEL NO.	916-373-8980

**SHIP TO:**

NAME	SHIP8 INC
ADDRESS	221 Hanson Way Woodland, CA 95776
CONTACT	Alex Gonzalez
TEL NO.	916-897-7622

ITEM	DESCRIPTION	UNIT PRICE	QTY	EXTENDED \$\$	REMARKS/PURPOSE	CODING (ACCT USE ONLY)
300089824	Boom	\$ 350.00	1	\$ 350.00	PM	
		\$ -		\$ -		
		\$ -		\$ -		
		\$ -		\$ -		
		\$ -		\$ -		
		\$ -		\$ -		
		\$ -		\$ -		
		\$ -		\$ -		
		\$ -		\$ -		
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		\$ -		\$ -		
		\$ -		\$ -		
		\$ -		\$ -		
		\$ -		\$ -		
		\$ -		\$ -		
<b>ESTIMATED TOTAL</b>				<b>\$ 350.00</b>		

Check box if attaching quote

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

DATE: \_\_\_\_\_  
 DATE: \_\_\_\_\_  
 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)	<input type="checkbox"/> Provide REQ # to vendor for invoicing, submit approved requisition form to A/P for payment process
<input type="checkbox"/> COD / PREPAID	<input type="checkbox"/> Submit approved requisition form and vendor invoice to Controller for COD/prepaid check
<input type="checkbox"/> COMPANY CREDIT CARD / CARD HOLDER	<input type="checkbox"/> Submit approved requisition form and receipt to Credit Card Holder
<input type="checkbox"/> EMPLOYEE CREDIT CARD / CHECK	<input type="checkbox"/> Attach approved requisition form and receipt to employee's expense report for reimbursement





# INVOICE

1420 Enterprise Blvd  
 West Sacramento, CA 95691  
 Tel 916-373-8980  
 Fax 916-373-8990  
 crown.com

Remit to:  
 PO Box 641173  
 Cincinnati, OH 45264-1173

Invoice: **145324829**  
 Invoice Date: **7/16/2024**  
 Terms: **Net 10**  
 Due Date: **7/26/2024**

Sold to :

**Ship 8**  
 Accounts Payable  
 45875 Northport Loop East  
 Fremont, CA 94538

Shipped to :

**Ship 8 inc**  
 2222 E Beamer St  
 Woodland, CA 95776

Ship to GeoCode: 051133830

Ship to Customer: 376400

Purchase Order	Requested by	Invoice Type	Van Number	Completed Date
24070737		Planned Maintenance	V-042	6/26/2024

  

Quantity	Part Number	Description	Total Price
		<b>Equipment Serviced: 450AJSII</b> Purchase Order: 24070737  <b>S/N: 0300089824 Customer Truck Number:</b>  Planned Maintenance for Elevated Platform Checklist Note(s): Scissor Lift, JLG 0300089824  PRE-INSPECTION, Previous Inspection Date MM/YY - 6-22-2024 Unit Number - Na Owner User (Enter One) - Ship 8 Signed by Pat Planned Maintenance for Electric Unit No X-Code Planned Maintenance for Electric Unit Located unit and brought to work area. Performed annual inspection and tested all functions, including platform and boom controls. Tested auxiliary systems and safety features. Found leaking fuel filter, tightened and cleaned up area. No further leaks found. Placed annual decal on boom frame. Returned unit to service.	<b>350.00</b>

We hereby certify that these goods were produced in compliance with all applicable requirements of Sections 6, 7 and 12 of The Fair Labor Standards Act, as amended, and of regulations and orders of the U.S. Department of Labor, issued under Section 14 thereof.

All claims for a shortage or damage must be made in writing with five(5) days from the receipt of good. All returns shall (i) be accompanied by the original invoice, (ii) be subject to a twenty-five percent (25%) restocking fee, and (iii) not apply to electrical, non-stock and special order parts/goods. All core returns must be made in thirty (30) days to receive full credit. Non-Crown parts will be subject to terms of each supplier's return policy. No credit is issued for shipping and handling charges.

These commodities are subject to the export control legislation of the United States, the EU and/or an EU Member State. Diversion contrary to U.S. law, EU law or the law of an EU Member State is prohibited. These commodities are expressly prohibited from being exported to countries subject to U.S. and EU embargoes without license.

Where Buyer and Crown have entered into an executed agreement governing the transaction contemplated herein, the terms set forth in such agreement shall govern. Otherwise, to the extent applicable, Crown's Terms and Conditions of Sale available at crown.com are incorporated as if fully restated herein and govern the transaction described herein. Any different or additional terms or conditions in any order, proposal, acknowledgment form, or any other document of Buyer are hereby deemed alterations and are null and void and superseded by these Terms and Conditions.

Sub Total:	\$350.00
Sales Tax:	0.00
Total:	\$350.00
Amount Paid:	0.00
<b>Total Due:</b>	<b>\$350.00</b>

Please Remit to:

**Crown Equipment Corporation**  
 PO Box 641173  
 Cincinnati, OH 45264-1173

Invoice: **145324829**  
 Invoice Date: **7/16/2024**  
 Customer: **267253**  
 Work Order: **PM221847**

*Thank you for your Business.*

A 1 1/2 % monthly service charge will be added on all past due invoices at an annual rate of 18%