

**SHIP8, INC.**

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

AP.SHIP8@SHIP8.COM

**ORDER FROM**  
101221

CINTAS FIRST AID AND SAFETY  
P.O.BOX 631025  
CINCINNATI, OH 45263  
US

**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	SD2	Hydrating Freezer pops SD2	7-24 JMW. 44.00	Each	44.00	62.00
2	SD3	Hydrating Freezer pops SD3	7-24 JMW. 44.00	Each	44.00	62.00

**Total Extended Price =**



# SHIP8 INC.

DATE 6/26/24  
 WHS LOCATION SD2-SD3  
 DEPARTMENT WAREHOUSE STAFF

SUPPLIER / VENDOR:

NAME ADDRESS **CINTAS**

CONTACT TEL NO. **24060720**

SHIP TO:

NAME ADDRESS Ship8 Inc  
550 NorthPort Parkway Port Wentworth GA, 31407  
Port Wentworth, GA 31407

CONTACT TEL NO. Christine Jenkins  
912-373-7778 ext 3751

ITEM	DESCRIPTION	UNIT PRICE	QTY	EXTENDED \$\$	REMARKS/PURPOSE	CODING (ACCT USE ONLY)
	HYDRATING FREEZER POPS	62.00	44	2728.00	SD2 PLUS FREE DEEP FREEZER	
	HYDRATING FREEZER POPS	62.00	44	2728.00	SD3 PLUS FREE DEEP FREEZER	
<b>ESTIMATED TOTAL</b>				<b>5456.00</b>		

Check box if attaching quote

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

DATE: \_\_\_\_\_  
 DATE: 6-26-24  
 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) <input type="checkbox"/> COD / PREPAID <input type="checkbox"/> COMPANY CREDIT CARD / CARD HOLDER <input type="checkbox"/> EMPLOYEE CREDIT CARD / CHECK	
Provide REQ # to vendor for invoicing, submit approved requisition form to A/P for payment processing Submit approved requisition form and vendor invoice to Controller for COD/prepaid check Submit approved requisition form and receipt to Credit Card Holder Attach approved requisition form and receipt to employee's expense report for reimbursement.	



Search mail



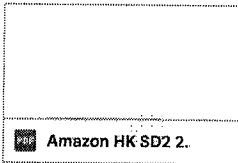
- 99
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377

**Christine Jenkins**  
 Team Attached is a requisition form for the freezer pops we agreed upon mid June. They are rapidly running out everywhere

**Edward Maxwell**  
 to me, Dianne, Jason, Larry

One attachment • Scanned by Gmail



**Larry Show**  
 to Edward, me, Dianne, Jason

Approved.

Thank you,

  
**SHIP8 INC.**  
 LJ Show  
 Director of Operations  
 550 Northport Pkwy  
 Port Wentworth, GA 31407

O: 912.373.7778 x 3745 C: 334.414.1420

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Labels

FW: All Sport Special External Inbox x



**Jason Walston**

From: Shipes, Michelle [mailto:ShipesM@cintas.com] Sent: Tuesday, June 11, 2024 12:21 PM To: jason.walston@ship8.com



**Christine Jenkins**

I agree plus we get 2 free deep freezers Thank you Ron!



**Jessica Jeng**

to me

Approved

Regards,

**Jessica Jeng**

Corporate Controller

E & E Co. LTD dba JLA Home

(510) 490-9788 x 458

(510) 403-7240 (direct)

[jessica.jeng@lajhome.com](mailto:jessica.jeng@lajhome.com)

**From:** Christine Jenkins [mailto:[christine.jenkins@ship8.com](mailto:christine.jenkins@ship8.com)]

**Sent:** Wednesday, June 26, 2024 6:50 AM

**To:** Jessica Jeng

**Subject:** Re: FW: All Sport Special

Good morning Jessica

Attached is a requisition form for freezer pops at SD2 & SD3 needing your approval.

240 60720



READY FOR THE WORKDAY™

# SPECIAL ORDER / INTENT TO PURCHASE

Material #	Description	Qty.	Sales Price	Customer Name/Number	Internal Use Safety Stock (applicable?)
1. 590817	All Sport Freezer Pops	88	\$1 ea	Ship 8 / 229216763	
2.					
3.					
4.					
5.					
6.					
7.					
8.					

Customer agrees to purchase any products specifically ordered for the Customer on this form at the then current prices. If Customer discontinues usage of the products on this form that are held in inventory by the Company at the Customer's request, the Customer agrees to pay for and accept inventory within 90 days of discontinuing use of product.

Customer Signature: Christine Jenkins Date: 6-26-24  
 Customer Name: Christine Jenkins Date: 6-26-24  
 Sales/AE/SSR: \_\_\_\_\_ Date: 6-26-24  
 GM/SM Signature: \_\_\_\_\_ Date: 6-26-24

Special Instructions / Notes:  
 550 International Parkway  
 Port Wentworth, GA 31407  
 Delivered to this address



CINTAS  
P.O. Box 631025  
CINCINNATI, OH 45263-1025

Service / Billing # (843)804-4180  
Fax # (843)647-7160  
Payment Inquiry # (877)275-4933

# Invoice

**Ship To** SHIP8  
550 INTERNATIONAL PARKWAY  
PORT WENTWORTH, GA 31407

Invoice # 9281059412  
Invoice Date 07/24/2024  
Credit Terms NET 30 DAYS  
Customer # 22926763  
Cintas Route LOC #081H ROUTE 0006  
Order # 7049279808  
Payer # 22915573

**Bill To** SHIP8  
550 INTERNATIONAL PARKWAY  
PORT WENTWORTH, GA 31407

Material #	Description	Quantity	Unit Price	Ext Price	Tax
590817	ALL SPORT FRZ POPS VAR/144CT	88 CS	\$62.00	\$5456.00	Y
				<b>Invoice Sub-total</b>	<b>\$5456.00</b>
				<b>Tax</b>	<b>\$381.92</b>
				<b>Invoice Total</b>	<b>\$5837.92</b>

**Remit To** CINTAS  
P.O. Box 631025  
CINCINNATI, OH 45263-1025

**Note** Approved by Christine Jenkins

24060720

Rec in full  
7-24-24  
Cf.