

SHIP8, INC.

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

US
AP.SHIP8@SHIP8.COM

ORDER FROM

100047

ULINE

ATTN: ACCOUNTS RECEIVABLE
CHICAGO, IL 60680-1741

SHIP TO

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

Page

1 OF 1

PO Date

07/24/2024

PO No.

24070822

Buyer

Purchasing Dept

Terms

Net 30 Days

FOB

FOB Origin

Ship Via

Best possible

Extended Price

Unit Price

UOM

Qty Ordered

Vendor Item Description

Vendor Item No.

Line No.

1

S-13029W

4 X 6" DT MOBILE PRINTER LABELS,
WHITE, 105 LABELS PER ROLL

144.00

Each

8.00

JW 7-25

Total Extended Price =



Purchase Requisition Form

SHIP8 INC.

DATE 7.24.24
 WHS LOCATION WDC
 DEPARTMENT Ecom

SUPPLIER / VENDOR:

NAME Uline
 ADDRESS _____
 CONTACT _____
 TEL NO. _____

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)
		\$0		\$ -		
S-13029W	4x6 Wireless labels	\$8	144	\$ 1,152.00	5 cartons for ecom 1 for wholesale	
		\$0		\$ -		
		\$0		\$ -		
		\$0		\$ -		
		\$0		\$ -		
		\$0		\$ -		
		\$0		\$ -		
		\$0		\$ -		
		\$0		\$ -		
		\$0		\$ -		
		\$0		\$ -		
		\$0		\$ -		
		\$0		\$ -		
ESTIMATED TOTAL				\$ 1,152.00		

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: 7/24/24
 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 process

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.

U+LINE

1-800-295-5510

u+line.com

8800 Military Road, Reno, NV 89504

SHIPPING SUPPLY SPECIALISTS



DO#: 271168690001

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

SHIP TO:
 SHIP8
 221 HANSON WAY
 WOODLAND, CA 957766211

CUSTOMER NO	PURCHASE ORDER NO	SHIP VIA	ORDER DATE	INVOICE DATE	ORDER #
4320560	24070822	FedEx Ground (California)	07/24/24	07/24/24	21940070
MODEL NUMBER	DESCRIPTION	ORDERED	QUANTITY	SHIPPED	BACK ORDERED
S-13029W	4X6 ZEBRA MOBILE PRINTER LBL-WHT	144	RL	144	
H-2790BL	SMOKEY JOE GRILL-BLACK THIS ITEM AT NO CHARGE	1	EA	1	

 *ITEM: H-2790BL WARNING: Cancer and Reproductive Harm - www.865Warnings.ca.gov

PNB
 4/25/24

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.

ORDERED BY: ALEX GONZALEZ 5306695991 0123-1
 07/24/24 12:00 07/24/24 1:20 INTERNET

R6
 DARTKING 1197



1-800-295-5510

uline.com

PO Box 88741 • Chicago, IL 60680-1741

INVOICE

ULINE FED ID#: 36-3684738

INVOICE #: 180966562

ORDER #: 21940070

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
221 HANSON WAY
WOODLAND CA 95776-6211

CUSTOMER NO	PURCHASE ORDER NO	SHIP VIA	ORDER DATE	DATE SHIPPED	TERMS	INVOICE DATE
4320560	24070822	PARCEL	07/24/24	07/24/24	NET 30 DAYS	07/24/24
QTY ORDERED	U/M	BACK ORDERED	ITEM NUMBER	DESCRIPTION	UNIT PRICE	EXTENDED PRICE
144	RL		S-13029W	MOBILE PRINTER LABELS - 4 X 6", WHITE	8.00	1,152.00 T
1	EA		H-2790BL	WEBER® SMOKEY JOE® GRILL THIS ITEM AT NO CHARGE	.00	.00
T' DENOTES A TAXABLE LINE.						

ORDER PLACED BY: ALEX GONZALEZ
INTERNET

SUB-TOTAL 1,152.00	SALES TAX 92.16	SHIPPING/HANDLING .00	AMOUNT DUE \$ 1,244.16
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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	180966562	07/24/24	1,244.16

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