

SHIP8, INC.

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

PO No. 24070844
PO Date 07/29/2024
Page 1 OF 1

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

Buyer

Terms

Purchasing Dept

Net 30 Days

FOB

FOB Origin

Ship Via

Best possible

Line No.

Vendor Item No.

UOM

Qty Ordered

Vendor Item Description

Unit Price

Extended Price

1

S-13029W

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

Each

144.00

8.00

SMW: 7-30

Total Extended Price =



Purchase Requisition Form

SHIP8 INC.

DATE 7.29.24
 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		\$ -		
		\$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: 7/29/24
 DATE: _____
 DATE: _____
 DATE: _____

FOR OFFICE USE ONLY

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

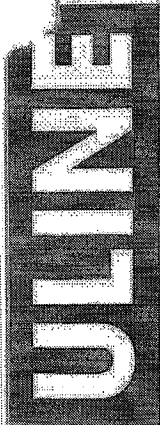
PAYMENT METHOD: (Please check one)

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



300-295-5510

uline.com

6800 Military Road, Reno, NV 89506

SHIPPING SUPPLY SPECIALISTS



DO#: 271388701001

SOLD TO: SHIP 8 INC
45875 NORTHPORT LOOPE
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	24070844	FedEx Ground (California)	07/29/24	07/29/24	23098764
MODEL NUMBER	DESCRIPTION	QUANTITY	ORDERED	QUANTITY	SHIPPED
S-13029W	4X6 ZEBRA MOBILE PRINTER LBL-WHT	144	RL	144	
7S-21433BLU	UTILITY WAGON -- BLUE THIS ITEM AT NO CHARGE	1	EA	1	
***** *ITEM: S-21433BLU WARNING: Cancer and Reproductive Harm - www.P65Warnings.ca.gov *****					

Veronica Ramirez 7-30-24

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 0053-1
07/29/24 12:00 07/29/24 11:00 INTERNET

R6
PACKING LIST



1-800-295-5510
 uline.com
 PO Box 88741 • Chicago, IL 60680-1741

INVOICE

ULINE FED ID#: 36-3684738
 INVOICE #: 181131171
 ORDER #: 23098764

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	24070844	PARCEL	07/29/24	07/29/24	NET 30 DAYS	07/29/24
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		S-21433BLU	UTILITY WAGON - BLUE THIS ITEM AT NO CHARGE	.00	.00
T DENOTES A TAXABLE LINE.						

ORDER PLACED BY: ALEX GONZALEZ
 INTERNET

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

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	181131171	07/29/24	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