

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

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	216.00	Each	8.00
2	S-12863Y	1/4x600 Yellow Twisted Poly Rope	1.00	Each	27.00
3	S-20586	21x7x54 Clr Garment Bag 350/RI	4.00	Each	56.00

JNV 10-24

JNV 10-24

JNV 10-24

Total Extended Price =



Purchase Requisition Form

SHIP8 INC.

DATE 10/14/24
 WHS LOCATION WDC
 DEPARTMENT Ecom

SUPPLIER / VENDOR:

SHIP TO:

NAME Uline
 ADDRESS _____
 CONTACT _____
 TEL NO. _____

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	216	\$ 1,728.00	10 cartons for Ecom	
S-12863Y	Poly Rope 1/4x600'	\$27	1	\$ 27.00		
S-20586	bags	\$56	4	\$ 224.00		
		\$0		\$ -		
		\$0		\$ -		
		\$0		\$ -		
		\$0		\$ -		
		\$0		\$ -		
		\$0		\$ -		
		\$0		\$ -		
		\$0		\$ -		
		\$0		\$ -		
ESTIMATED TOTAL				\$ 1,979.00		

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: 10/14/24
 DATE: _____
 DATE: _____
 DATE: _____

FOR OFFICE USE ONLY

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

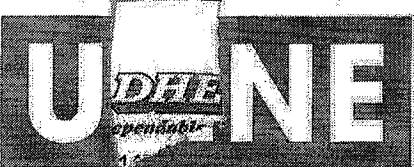
PAYMENT METHOD: (Please check one)

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.



1-800-295-5510

uline.com

8800 Military Road, Reno, NV 89506



DO#: 274833206001

SHIPPING SUPPLY SPECIALISTS

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

SHIP TO: SHIP8
221 HANSON WAY
WOODLAND, CA 95776

Order #: 27838915

CUSTOMER NO.	PURCHASE ORDER NO.	SHIP VIA	ORDER DATE	TERMS	INVOICE DATE
4320560	24101172	Dependable	10/15/2024		10/15/2024

MODEL NUMBER	DESCRIPTION	QUANTITY			BACK ORDERED
		ORDERED	U/M	SHIPPED	
S-13029W	4X6 ZEBRA MOBILE PRINTER LBL-WHT	216	RL	216	
* S-25474-L	HEATED GLOVES -L THIS ITEM AT NO CHARGE	1	PR	1	
S-20586	21X7X54 CLR GARMENT BAG 350/RL	4	RL	4	
S-12863Y	1/4X600 YELLOW TWISTED POLY ROPE	1	EA	1	

*ITEM: S-25474-L WARNING: Cancer - www.P65Warnings.ca.gov
DO NOT SEND CATALOGS

PN
10/24/24

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.

ORDER PLACED BY: ALEX GONZALEZ
10/15/24 12:00 PM 10/15/24 10:21 AM

5306695991
INTERNET

F6

PACKING LIST



1-800-295-5510

uline.com

PO Box 88741 • Chicago, IL 60680-1741

INVOICE

ULINE FED ID#: 36-3684738

INVOICE #: 184391577

ORDER #: 27838915

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

Table with columns: CUSTOMER NO., PURCHASE ORDER NO., SHIP VIA, ORDER DATE, DATE SHIPPED, TERMS, INVOICE DATE, QTY ORDERED, U/M, BACK ORDERED, ITEM NUMBER, DESCRIPTION, UNIT PRICE, EXTENDED PRICE. Includes line items for printer labels, rope, garment bags, and heated gloves.

ORDER PLACED BY: ALEX GONZALEZ
INTERNET PRO #: 992182457

Summary table with columns: SUB-TOTAL (1,979.00), SALES TAX (158.32), SHIPPING/HANDLING (.00), AMOUNT DUE (\$ 2,137.32)

PLEASE PAY FROM THIS INVOICE REFER TO THIS INVOICE NUMBER WHEN CONTACTING US REGARDING THIS TRANSACTION

Table with columns: CUSTOMER NAME (SHIP 8 INC), CUSTOMER NUMBER (4320560), INVOICE NUMBER (184391577), INVOICE DATE (10/15/24), AMOUNT DUE (2,137.32)

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