

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

Vendor Item No. Vendor Item Description

1 S-12909

12x15.5 Poly bag

Qty Ordered

5.00

UOM

Each

Unit Price

122.00

Extended Price

JWV. 2-13

Total Extended Price =



Purchase Requisition Form

SHIP8 INC.

SUPPLIER / VENDOR:

NAME: Uline
 ADDRESS:
 CONTACT:
 TEL NO.:

DATE: 2.11.25
 WHS LOCATION: WDC
 DEPARTMENT: Ecom

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-12909	12x15.5 Poly bag	\$122	5	\$ 610.00	5 Cases	
		\$0		\$ -		
		\$0		\$ -		
		\$0		\$ -		
		\$0		\$ -		
		\$0		\$ -		
		\$0		\$ -		
		\$0		\$ -		
		\$0		\$ -		
		\$0		\$ -		
		\$0		\$ -		
		\$0		\$ -		
		\$0		\$ -		
		\$0		\$ -		
		\$0		\$ -		
ESTIMATED TOTAL				\$ 610.00		

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: 2/11/25
 DATE: _____
 DATE: _____
 DATE: _____

FOR OFFICE USE ONLY

ORDER DATE: _____
 ETA DATE: _____
 ORDERED BY: _____
 ORDERED AMOUNT: _____
PAYMENT METHOD: (Please check one)

OPEN ACCOUNT (VENDOR BILL)
 COD / PREPAID
 COMPANY CREDIT CARD / CARD HOLDER
 EMPLOYEE CREDIT CARD / CHECK

Provide REQ # to vendor for invoicing; submit approved requisition form to A/P for payment process
 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.



1-800-295-5510

uline.com

8800 Military Road, Reno, NV 89506



DO#: 280015587001

SHIPPING SUPPLY SPECIALISTS

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	25020169	FedEx Ground (California)	02/12/25	02/12/25	30059428
MODEL NUMBER	DESCRIPTION	QUANTITY			BACK ORDERED
		ORDERED	U/M	SHIPPED	
S-12909	12X15.5 POLY MAILER 500/CT	5	CT	5	
S-21504	ULINE FOLDING TABLE <i>IS ON PAPER'S DESK</i> THIS ITEM AT NO CHARGE	1	EA	1	
***** *ITEM: S-21504 WARNING: Cancer and Reproductive Harm - www.P65Warnings.ca.gov *****					
<i>VERONICA RAMIREZ 2/13/25</i>					

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
02/12/25 12:00 02/12/25 10:00

5306695991

0048-1

INTERNET

R6

PACKING LIST



1-800-295-5510

uline.com

PO Box 88741 • Chicago, IL 60680-1741

INVOICE

ULINE FED ID#: 36-3684738

INVOICE #: 189091440

ORDER #: 30059428

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	25020169	PARCEL	02/12/25	02/12/25	NET 30 DAYS	02/12/25
QTY ORDERED	U/M	BACK ORDERED	ITEM NUMBER	DESCRIPTION	UNIT PRICE	EXTENDED PRICE
5	CT		S-12909	TEAR-PROOF POLYETHYLENE MAILERS WITH TEAR STRIP BULK PACK - 12 X 15 1/2"	116.00	580.00 T
1	EA		S-21504	FOLDING TABLE THIS ITEM AT NO CHARGE 'T' DENOTES A TAXABLE LINE.	.00	.00

ORDER PLACED BY: ALEX GONZALEZ
INTERNET

SUB-TOTAL 580.00	SALES TAX 46.40	SHIPPING/HANDLING .00	AMOUNT DUE \$ 626.40
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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	189091440	02/12/25	626.40

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