

**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**

SD2(2000),  
SHIP8, INC.  
ATTN: CHRISTINE JENKINS  
550 NORTHFORT PARKWAY  
PORT WENTWORTH, GA 31407  
US

PO No. 25060528 PO Date 06/02/2025 Page 1 OF 1

**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	S-13029W	4 X 6" DT MOBILE PRINTER LABELS, WHITE, 105 LABELS PER ROLL	6.5	Each	48.00	8.00

*JM.*

Total Extended Price =



# SHIP8 INC.

DATE 5/30/2025  
 WHS LOCATION SD2  
 DEPARTMENT SHIPPING

**SUPPLIER / VENDOR:**

NAME \_\_\_\_\_  
 ADDRESS **ULINE**  
 CONTACT \_\_\_\_\_  
 TEL NO. \_\_\_\_\_

**SHIP TO:**

NAME Ship8 Inc  
 ADDRESS 550 NorthPort Parkway Port Wentworth GA, 31407  
Port Wentworth, GA 31407  
 CONTACT Christine Jenkins  
 TEL NO. 912-373-7778 ext 3751

ITEM	DESCRIPTION	UNIT PRICE	QTY	EXTENDED \$\$	REMARKS/PURPOSE	CODING (ACCT USE ONLY)
S-13029W	4X6 LABELS ROLLS	8.00	48	384.00		
<b>ESTIMATED TOTAL</b>				<b>384.00</b>		

Check box if attaching quote

REQUESTER SIGNATURE: \_\_\_\_\_  
 WAREHOUSE DIRECTOR SIGNATURE: *[Signature]*  
 SHIP8 PRESIDENT SIGNATURE: \_\_\_\_\_  
 E&E CONTROLLER SIGNATURE: \_\_\_\_\_  
 IT AUTHORIZER (SOFTWARE & HARDWARE): \_\_\_\_\_

DATE: \_\_\_\_\_  
 DATE: 06/02/25  
 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)	Provide REQ # to vendor for invoicing; submit approved requisition form to A/P for payment processing
<input type="checkbox"/> COD / PREPAID	Submit approved requisition form and vendor invoice to Controller for COD/prepaid check
<input type="checkbox"/> COMPANY CREDIT CARD / CARD HOLDER	Submit approved requisition form and receipt to Credit Card Holder
<input type="checkbox"/> EMPLOYEE CREDIT CARD / CHECK	Attach approved requisition form and receipt to employee's expense report for reimbursement



1-800-295-5510

[View Cart](#)

[Help](#)

[Chat Live](#)

# ORDER SUBMITTED

**ORDER # 36717690**

Order Date: 06/02/2025

Thank you for shopping with Uline! Your order has been successfully submitted.  
You will receive an email confirmation at [christine.jenkins@ship8.com](mailto:christine.jenkins@ship8.com) once this order has been processed.  
You will receive text message updates at: (912) 235-1443.

### Order Details

#### Billing Address

SHIP 8 INC  
45875 NORTHPORT LOOP E  
FREMONT, CA 94538-6414

#### Shipping Address

SHIP8 INC  
550 NORTHPORT PKWY  
PORT WENTWORTH, GA 31407-9286

#### Ship Via: UPS GROUND

Will Ship: 06/02/2025

#### Payment Method: Net 30

PO #: 25060528

Uline Account #: 4320560

Order Placed By:  
CHRISTINE JENKINS

Special Instructions: ATTN Christine Jenkins

Model #	Description	Unit Cost	Qty	Ext. Cost
S-13029W	Mobile Printer Labels - 4 x 6", White	\$8.00 / RL	48	\$384.00
S-22139CAMO	Uline Lunch Box - Camo/Brown	FREE / EA	1	FREE
Subtotal =				\$384.00
Tax =				\$0.00
Shipping/Handling =				\$31.23
<b>Total =</b>				<b>\$415.23</b>



1-800-295-5510

uline.com

705 Braselton Industrial Blvd., Braselton, GA 30517



DO#: 1004738631001

SHIPPING SUPPLY SPECIALISTS

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

SHIP TO: SHIP8 INC  
550 NORTHPORT PKWY  
ATTN: CHRISTINE JENKINS  
PORT WENTWORTH, GA 314079286

CUSTOMER NO.	PURCHASE ORDER NO.	SHIP VIA	ORDER DATE	INVOICE DATE	ORDER #
4320560	25060528	UPS Ground (Jacksonville)	06/02/25	06/02/25	36717690
MODEL NUMBER	DESCRIPTION	QUANTITY			BACK ORDERED
		ORDERED	U/M	SHIPPED	
S-13029W	4X6 ZEBRA MOBILE PRINTER LBL-WHT	48	RL	48	✓
S-22139CAMO	CAMO LUNCH BOX THIS ITEM AT NO CHARGE	1	EA	1	✓
<p>***** DO NOT SEND CATALOGS</p> <div style="border: 1px solid black; border-radius: 50%; width: 150px; height: 150px; margin: 0 auto; display: flex; align-items: center; justify-content: center;"> <p style="font-size: 2em; margin: 0;">Rec 6-5-25 CA</p> </div>					

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: CHRISTINE JENKINS 5306695991 0124-1  
06/02/25 12:00 06/02/25 9:40 INTERNET

G6  
**PACKING LIST**



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

**INVOICE**

ULINE FED ID#: 36-3684738  
 INVOICE #: 193608639  
 ORDER #: 36717690

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 INC  
 550 NORTHPORT PKWY  
 ATTN: CHRISTINE JENKINS  
 PORT WENTWORTH GA 31407-9286

CUSTOMER NO.	PURCHASE ORDER NO.	SHIP VIA	ORDER DATE	DATE SHIPPED	TERMS	INVOICE DATE
4320560	25060528	UPS GROUND	06/02/25	06/02/25	NET 30 DAYS	06/02/25
QTY ORDERED	U/M	BACK ORDERED	ITEM NUMBER	DESCRIPTION	UNIT PRICE	EXTENDED PRICE
48	RL		S-13029W	MOBILE PRINTER LABELS - 4 X 6", WHITE	8.00	384.00
1	EA		S-22139CAMO	ULINE LUNCH BOX - CAMO/BROWN THIS ITEM AT NO CHARGE	.00	.00

ORDER PLACED BY: CHRISTINE JENKINS  
 INTERNET

SUB-TOTAL 384.00	SALES TAX .00	SHIPPING/HANDLING 31.23	AMOUNT DUE \$ 415.23
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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	193608639	06/02/25	415.23

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