

SHIP8, INC.

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

PO No.

25060604

PO Date

06/24/2025

Page

1 OF 1

ORDER FROM

101253

ACCORD GUARANTOR, LLC DBA GLOBALTRANZ
ENTERPRISES, LLC
2700 COMMERCE STREET STE 1500
DALLAS, TX 75226
US

SHIP TO

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

Buyer

Purchasing Dept

Terms

Net 15 Days

FOB

FOB Origin

Ship Via

Best possible

Line No. Vendor Item No. Vendor Item Description Qty Ordered UOM Unit Price Extended Price

1 FRT001 Shipping and Handling 1.00 Each 3,675.00

6-30

2 MSCNOTES Added Insurance 1.00 Each 172.62

6-30

Total Extended Price =



SHIP8 INC.

DATE 6/24/2025
 WHS LOCATION SD2
 DEPARTMENT IT DEPT

SUPPLIER / VENDOR:

NAME _____
 ADDRESS **GLOBAL TRANZ**
 CONTACT _____
 TEL NO. _____

SHIP TO:

NAME Ship8 Inc
 ADDRESS 550 NorthPort Parkway 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)
	LINE HAUL	3675.00	1	3675.00		
	ADDED INSURANCE	172.62	1	172.62		
ESTIMATED TOTAL				3847.62		

Check box if attaching quote

REQUESTER SIGNATURE: _____
 WAREHOUSE DIRECTOR SIGNATURE: _____
 SHIP8 PRESIDENT SIGNATURE: Ron Capranos
 E&E CONTROLLER SIGNATURE: _____
 IT AUTHORIZER (SOFTWARE & HARDWARE): [Signature]

DATE: _____
 DATE: _____
 DATE: _____
 DATE: 6-24-25

FOR OFFICE USE ONLY

ORDER DATE: _____	ORDERED BY: _____
ETA DATE: _____	ORDERED AMOUNT: _____
PAYMENT METHOD: (Please check one) <input type="checkbox"/> OPEN ACCOUNT / VENDOR BILL <input type="checkbox"/> COD / PREPAID <input type="checkbox"/> COMPANY CREDIT CARD / CARD HOLDER <input type="checkbox"/> EMPLOYEE CREDIT CARD / CHECK	
Provide REQ # to vendor for invoicing. submit approved requisition form & A/P for payment processing. 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.	

Re: Update

From Dawn Poe <dawn@stonegritlogistics.com>
Date Mon 6/23/2025 11:58 AM
To Christine Jenkins <christine.jenkins@ship8.com>

Christine,

Linehaul is \$ 3675
Added Insurance \$ 172.62

Total for this move
\$ 3847.62

Dawn Poe
Stone Grit Logistics
M: 248-770-2019
E: dawn@stonegritlogistics.com

From: Christine Jenkins <christine.jenkins@ship8.com>
Sent: Monday, June 23, 2025 9:16 AM
To: Dawn Poe <dawn@stonegritlogistics.com>
Subject: Re: Update

Sounds good, thank you.



SHIP8 INC.

Christine Jenkins
Purchasing Coordinator
550 Northport Parkway
Port Wentworth, GA 31407

O:912-373-7778 X 3825
<https://ship8.com/>

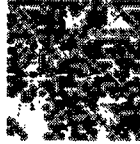
GLOBALTRANZ

Straight Bill of Lading - (Short Form - Original - Not Negotiable)

GTZ BOL NO : 31119065

Shipper
Address
Country
Contact Name
Phone Number
Contact Email
Fax Number

Carrier :OVN LLC
Shipment Date:06/26/25
Carrier Pref :
Ref # :
Carrier Quote # :
PO # :
Customer BOL NO:



Consignee
Address
Country
Contact Name
Phone Number
Contact Email
Fax Number

Third Party Billing Information:
 All charges are prepaid to:
 GlobalTranz
 PO Box 6348
 Scottsdale AZ 85261
 Direct billing inquiries to : (866) 275-1407
 GTZ BOL NO : 31119065

Comments/Special Instructions:

Picking Remarks :

Delivery Remarks :

Package	Pieces	Manifest	Description	Weight	Freight Class	Length	Width	Height	CBM	Stackable
1			ELECTRONIC INFRA STRUCTURE	500		40	48	62		

The authorized signatories signing this document on behalf of its company consents and bind its company to the terms and conditions found on www.carrierinfo.com.

Shipper Certification : I hereby certify that the contents of this consignment are fully and accurately described above by proper shipping name and are packaged, marked and labeled and in proper condition for carriage by land/air according to applicable national governmental regulations.

Shipper's Signature:

Date:

6/26

Terminal:

Driver's Signature:

Date:

Terminal:

Driver's Certification : Carrier acknowledges receipt of packages in good form, condition and quantity unless otherwise stated hereon. Packages, contents, weight and dimensions were checked and found correct unless otherwise stated hereon. Carrier has the D.O.T. emergency response guidebook on board.

Subject to Section 7 of conditions of applicable bill of lading. If this shipment is to be delivered to the consignee without receipt, the carrier shall sign the following statement: The carrier shall not make delivery of this shipment without receipt of the consignee at the consignee's address.

Consignee's Signature:

Consignee Signature:

Company Name:

Payment period of the bill of lading:

Caleb Burgstiner



PO Box 736808

Dallas, TX 75373-6808

Phone: 866-275-1407

Invoice

Invoice Date	Pick-Up Date	Invoice No
07/01/2025	06/26/2025	31119065
PRO#:	Sales Order:	
OTR18981951	31119065	
Carrier:	Sales Rep:	
OVN LLC	MKE - Dawn Poe	
Customer PO:	25060604	
Cust BOL#:		
Ref1:		
Ref2:		

Bill To:

Ship8
550 Northport Pkwy
PORT WENTWORTH, GA 31407

PLEASE PAY WITHIN TERMS

IT - Net 15

Shipper :

SHIP8
550 NORTHPORT PKWY,
Port Wentworth, GA, 31407

Consignee :

SHIP8
2222 E BEAMER ST,
Woodland, CA, 95776

Pieces	Pallet	Description	Class	Weight	Charges
0	1	ELECTRONIC INFRASTRUCTURE	0	500	3,675.00
0	0	GlobalTranz-Cargo Insurance	0	0	172.62
			Total:	500.00	3,847.62 USD

Date	Terms	Customer No.
07/01/2025	IT - Net 15	404580
Invoice No.	Amount Due	Amount Enclosed
31119065	\$3,847.62	

Make Checks Payable To:

Globaltranz Enterprises, LLC.
P.O. Box 736808
Dallas, TX 75373-6808

Send Remittance Information To: achremits@globaltranz.com