

SHIP8, INC.

ATTN: ACCOUNTS PAYABLE
45875 NORTHPORT LOOP EAST
FREMONT, CA 94538
US

AP.SHIP8@SHIP8.COM

ORDER FROM

100060

CROWN EQUIPMENT CORPORATION
P.O BOX 641173
CINCINNATI, OH 45264-1173

SHIP TO

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

Page

PO Date

1 OF 1

PO No.

25060617

06/26/2025

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

14142

scissor lift

1.00

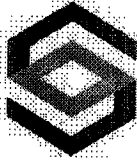
Each

390.00

6-27

INV.

Total Extended Price =



Purchase Requisition Form

SHIP8 INC.

DATE 6.25.25
 WHS LOCATION WDC
 DEPARTMENT Ecom

SUPPLIER / VENDOR.

NAME Crown
 ADDRESS 1420 Enterprise Blvd
West Sacramento, Ca 95691
 CONTACT
 TEL NO. 916-373-8980

SHIP TO:

NAME SHIP8 INC
 ADDRESS 221 Hanson Way
Woodland, CA 95776
 CONTACT
 TEL NO. Alex Gonzalez
916-897-7622

ITEM	DESCRIPTION	UNIT PRICE	QTY	EXTENDED \$\$	REMARKS/PURPOSE	CODING (ACCT USE ONLY)
14142	Sissor Lift	\$ 390.00	1	\$ 390.00	Blue Sissor Lift - PM	
		\$ -		\$ -		
		\$ -		\$ -		
		\$ -		\$ -		
		\$ -		\$ -		
		\$ -		\$ -		
		\$ -		\$ -		
		\$ -		\$ -		
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		\$ -		\$ -		
		\$ -		\$ -		
		\$ -		\$ -		
		\$ -		\$ -		
		\$ -		\$ -		
		\$ -		\$ -		
ESTIMATED TOTAL				\$ 390.00		

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: 6/26/25
 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 AP 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

SHIP8, INC.

ATTN: ACCOUNTS PAYABLE
45875 NORTHPORT LOOP EAST
FREMONT, CA 94538
US

AP SHIP8@SHIP8.COM

ORDER FROM
100060

ORGIN EQUIPMENT CORPORATION
P.O. BOX 641173
CINCINNATI, OH 45261-1173

PO No. 25060617
PO Date 06/26/2025
Page 1 OF 1

SHIP TO

WDC(0000)
SHIP8, INC.
ATTN: CHRISTINE JENKINS
227 HANSON WAY
WOODLAND, CA 95778
US

Line No.	Vendor Item No.	Vendor Item Description	Qty Ordered	UOM	Unit Price	Extended Price	Ship Via
1	14142	scissor lift	1.00	Each	390.00	390.00	Best possible

Total Extended Price # 390.00

Completed
2-27-25
[Signature]



INVOICE

1420 Enterprise Blvd
 West Sacramento, CA 95691
 Tel 916-373-8980
 Fax 916-373-8990
 crown.com

Remit to:
 PO Box 641173
 Cincinnati, OH 45264-1173

Invoice: 145357914
Invoice Date: 6/27/2025
Terms: Net 10
Due Date: 7/7/2025

Sold to :

Ship 8
 Accounts Payable
 45875 Northport Loop East
 Fremont, CA 94538

Shipped to :

Ship 8 inc
 2222 E Beamer St
 Woodland, CA 95776

Ship to GeoCode: 051133830

Ship to Customer: 376400

Purchase Order	Requested by	Invoice Type	Van Number	Completed Date
25060617		Planned Maintenance	V-018	6/20/2025

Quantity	Part Number	Description	Total Price
Equipment Serviced: 66850-010 S/N: 14142 Customer Truck Number: Purchase Order: 25060617			
		Planned Maintenace for Elevated Platform	390.00
		Checklist Note(s): Scissor Lift, UPRT 14142	
		PRE-INSPECTION, Previous Inspection Date MM/YY - 06/26/24 Unit Number - NA Owner User (Enter One) - Ship 8	
		CHASSIS, Tires free of gouges & excessive wear - Failed - Tires worn, cracks Inspect for visual damage or cracks - Failed - Right side door handle bent	
		GENERAL, Paint & overall appearance - Passed - Minor scratches throughout unit	
		Planned Maintenance for Electric Unit	
		Planned Maintenance for Electric Unit	
		Arrived at customer	
		Located unit	
		Drove unit to work area	
		Performed cohe	
		Open compartments	
		Blew truck off	
		Visually inspected unit	
		Refer to checklist for any found discrepancies	
		Lubricated unit	
		Reinstalled covers	
		Return to service	



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1420 Enterprise Blvd
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 Cincinnati, OH 45264-1173

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Quantity	Part Number	Description	Total Price

We hereby certify that these goods were produced in compliance with all applicable requirements of Sections 6, 7 and 12 of The Fair Labor Standards Act, as amended, and of regulations and orders of the U.S. Department of Labor, issued under Section 14 thereof.

All claims for a shortage or damage must be made in writing with five(5) days from the receipt of good. All returns shall (i) be accompanied by the original invoice, (ii) be subject to a twenty-five percent (25%) restocking fee, and (iii) not apply to electrical, non-stock and special order parts/goods. All core returns must be made in thirty (30) days to receive full credit. Non-Crown parts will be subject to terms of each supplier's return policy. No credit is issued for shipping and handling charges.

These commodities are subject to the export control legislation of the United States, the EU and/or an EU Member State. Diversion contrary to U.S. law, EU law or the law of an EU Member State is prohibited. These commodities are expressly prohibited from being exported to countries subject to U.S. and EU embargoes without license.

Where Buyer and Crown have entered into an executed an agreement governing the transaction contemplated herein, the terms set forth in such agreement shall govern. Otherwise, to the extent applicable, Crown's Terms and Conditions of Sale available at crown.com are incorporated as if fully restated herein and govern the transaction described herein. Any different or additional terms or conditions in any order, proposal, acknowledgment form, or any other document of Buyer are hereby deemed material alterations and are null and void and superseded by these Terms and Conditions.

Sub Total:	\$390.00
Sales Tax:	0.00
Total:	\$390.00
Amount Paid:	0.00
Total Due:	\$390.00

Please Remit to:

Crown Equipment Corporation
 PO Box 641173
 Cincinnati, OH 45264-1173

Invoice: **145357914**
 Invoice Date: **6/27/2025**
 Customer: **267253**
 Work Order: **PM246127**

Thank you for your Business.