

SHIP8, INC.

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

AP.SHIP8@SHIP8.COM

ORDER FROM

101221

CINTAS FIRST AID AND SAFETY
P.O.BOX 631025
CINCINNATI, OH 45263
US

SHIP TO

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

Buyer

Terms

FOB

Ship Via

Purchasing Dept

Net 30 Days

FOB Origin

Best possible

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

1 MSCNOTES Hydration freezer pops 2.00 Each 1,681.24

7-28 JMW

Total Extended Price =



SHIP8 INC.

DATE 2025 7 18
 WHS LOCATION SD2-SD3
 DEPARTMENT SAFETY

SUPPLIER / VENDOR:

NAME
 ADDRESS **CINTAS**
 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)
	HYDRATION FREEZE POPS	1681.24	1	1681.24	1 PALLET	
	HYDRATION FREEZE POPS	1681.24	1	1681.24	1 PALLET	
ESTIMATED TOTAL				3362.48		

Check box if attaching quote

REQUESTER SIGNATURE: _____
 WAREHOUSE DIRECTOR SIGNATURE: *Edward Maxwell*
 SHIP8 PRESIDENT SIGNATURE: *Ron Capranos*
 E&E CONTROLLER SIGNATURE: _____
 IT AUTHORIZER (SOFTWARE & HARDWARE): _____

DATE: _____
 DATE: 7-21-25
 DATE: _____
 DATE: _____
 DATE: _____

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 to 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.	

Cintas 250 707 91

7/28

The Jai Sert Company
Hwy 59 & Conde St.
West Chicago, IL 60185
USA

Page: 1
Warehouse: W02
Order Number: S0237677
Wise Ord Nbr: 398409
Wise Ship Nbr: 358602

Ship ID: 520669
SHIP8 PORT WENTWORTH GA
311 INTERNATIONAL TRADE PKWY

PORT WENTWORTH, GA 31407-92
UNITED STATES

Order Date: 07/22/2025
Carrier: ESTES EXPRESS LINES
PO: 5818742
Delv Date: 07/28/2025

Call For Delivery Appointment ²
Telephone: 912-373-7778

Appt Date/Time:

Line-Item	Cust SKU	Trk Stk	Description	Qty	Open	UM
1	10121804	*1*	ALL SPORT 4/36/30Z F	88		CA
Pallets:						
	1	2	3	4	5	6
	44	44				

0014

Cases: 88 Weight: 2,640 LBS

Lane #: ST6000

End: _____

LOADER: MU WHITE PLTS: 2

TRL.#: _____

DOOR#: _____

TR LENGTH: _____

1/2 PALLET: _____ CHEP PLTS: _____

SEAL#: _____

CHECKED: _____ TOTAL PLTS: 2

DATE: _____

WISE SPACES: _____

SPACES LOADED: _____

07/24/25
09:26:18

*Rec
7-28-25
CA*



CINTAS
P.O. Box 631025
CINCINNATI, OH 45263-1025

Service / Billing # (843)804-4180
Fax # (843)647-7160
Payment Inquiry # (888)994-2468

Invoice

Ship To SHIP8
311 INTERNATIONAL TRADE PKWY
PORT WENTWORTH, GA 31407-9265

Invoice # 9332134022
Invoice Date 08/01/2025
Credit Terms NET 30 DAYS
Customer # 22915913
Cintas Route LOC #081H ROUTE 0099
Order # 7057215496
Payer # 22915573

Bill To SHIP8
311 INTERNATIONAL TRADE PKWY
PORT WENTWORTH, GA 31407-9265

Material #	Description	Quantity	Unit Price	Ext Price	Tax
590817	ALL SPORT FRZ POPS VAR/144CT	88 CS	\$38.21	\$3362.48	Y
				Invoice Sub-total	\$3362.48
				Tax	\$235.37
				Invoice Total	\$3597.85

Remit To CINTAS
P.O. Box 631025
CINCINNATI, OH 45263-1025

Note Estes Tracking:
1283070624