

SHIP8, INC.

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

AP.SHIP8@SHIP8.COM

ORDER FROM

101254

UBIQUITI INC.
685 THIRD AVE., 27TH FLOOR
NEW YORK, NEW YORK 10017
US

SHIP TO

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

PO No. 25091057
PO Date 09/25/2025
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	CKG2-RM	CloudKey Rack Mount	1.00	Each	99.99	

10-1 CC

Total Extended Price =



SHIP8 INC.

DATE 9/25/2025
 WHS LOCATION SD2
 DEPARTMENT IT DEPT

SUPPLIER / VENDOR:


NAME _____
 ADDRESS **UNIFI**
 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)
CKG2-RM	CloudKey Rack Mount	99.99	1	99.99		
ESTIMATED TOTAL				99.99		

Check box if attaching quote

REQUESTER SIGNATURE: _____
 WAREHOUSE DIRECTOR SIGNATURE: _____
 SHIP8 PRESIDENT SIGNATURE: _____
 E&E CONTROLLER SIGNATURE: _____
 IT AUTHORIZER (SOFTWARE & HARDWARE):  _____

DATE: _____
 DATE: _____
 DATE: _____
 DATE: _____
 DATE: 9-25-25

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 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.	



Ubiquiti Store USA

Receipt / Tax Invoice

Ubiquiti Inc.
store@ui.com

Invoice No.: US3433060
Invoice Date: 2025/09/25
Payment status: Authorized

Billing Address

Christine Jenkins
45875 Northport Loop E
Fremont, CA, 94538, US
+1 912 235 1443

Shipping Address

SHIP8 INC
Christine Jenkins
550 Northport Pkwy
Port Wentworth, GA, 31407, US
+1 912 373 7778

NO.	PRODUCT DESCRIPTION	HS CODE	QTY	PRICE	TAX TOTAL	TOTAL
1	CloudKey Rack Mount CKG2-RM	940310	1	\$99.00	\$6.93	\$99.00

Total Amount Before Tax	\$99.00
Shipping Amount Before Tax	\$13.00
Ga State Tax (4%)	\$4.48
Ga County Tax (3%)	\$3.36
Total Tax	\$7.84
Total	\$119.84

Order Date: 9/25/2025
Order #: US104408746
Task: 5614004

25091057

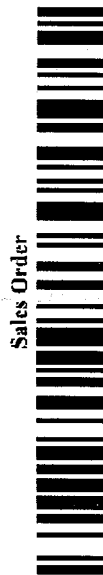
Ship To: SHIP8 INC
Christine Jenkins
550 Northport Pkwy
Port Wentworth GA 31407

Customer: Christine Jenkins
Memo: Ship Method: US UPS Ground
Ship Date: 9/25/2025

Item	Qty
CKG2-RM	1

Box	Qty
Switch 4	1

paid by CC
10-1-25
DA



Sales Order

US104408746

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