

SHIP8, INC.

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

AP:SHIP8@SHIP8.COM

ORDER FROM
101226

MAXAIR MECHANICAL, LLC.
814 LIVINGSTON COURT
MARIETTA, GA 30067
US

SHIP TO

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

Buyer

Purchasing Dept

Terms

Net 30 Days

FOB

FOB Origin

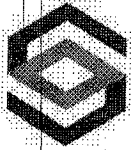
Ship Via

Best possible

Line No.	Vendor Item No.	Vendor Item Description	Qty Ordered	UOM	Unit Price	Extended Price
1		Labor No materials have been included	1.00	Each		278.00

JW. 10-3

Total Extended Price =



SHIP8 INC.

DATE 9/24/2025
 WHS LOCATION SD2
 DEPARTMENT Maintenance

SUPPLIER / VENDOR:**SHIP TO:**

NAME Maxair Mechanical
 ADDRESS _____
 CONTACT _____
 TEL NO. _____

NAME James Burford
 ADDRESS 550 Northport Parkway
Port Wentworth, GA 31407
 CONTACT James Burford
 TEL NO. _____

Purchase Requisition Form

PARTS	DESCRIPTION	UNIT PRICE	QTY	EXTENDED \$\$	REMARKS/PURPOSE	CODING (ACCT USE ONLY)
					The purpose of this request is to perform diagnostics on reach-in refrigerator.	
Labor	No materials have been included	\$ 278.00	1	\$ 278.00		
				\$ -		
				\$ -		
				\$ -		
				\$ -		
				\$ -		
				\$ -		
				\$ -		
				\$ -		
				\$ -		
				\$ -		
				\$ -		
				\$ -		
				\$ -		
ESTIMATED TOTAL				\$ 278.00		


Check box if attaching quote

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

DATE: 9/24/25
 DATE: _____
 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)	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.

 Outlook

Re: Invoice 157299

From Patrick Andreshack <patrick.andreshack@ship8.com>

Date Fri 10/3/2025 8:01 AM

To Christine Jenkins <christine.jenkins@ship8.com>; James Burford <james.burford@ship8.com>

Completed



SHIP8 INC.

Patrick Andreshak
Maintenance Manager
550 Northport Parkway
Port Wentworth , GA , 31407

C: 912.414.6118

From: Christine Jenkins <christine.jenkins@ship8.com>

Sent: Friday, October 3, 2025 7:58:12 AM

To: James Burford <james.burford@ship8.com>; Patrick Andreshack <patrick.andreshack@ship8.com>

Subject: Re: Invoice 157299

Team

This is my 2nd follow up, was PO 25091054 completed?



SHIP8 INC.

Christine Jenkins
Purchasing Coordinator
550 Northport Parkway

MAXAIR Mechanical
Building Efficiency and Sustainability

A Service Logic Company

20 BLEDSOE ROAD, #1000
NEWNAN, GA 30265
GA REG CN210671

Phone: (770)956-1200
www.maxairmech.com

Invoice

Invoice Number: 157299

Invoice Date: 9/29/2025

Bill to: SHIP8 INC
ATTN: Accounts Payable
45875 Northport Loop East
Fremont, CA 94538
Email To: ap.ship8@ship8.com; james.burford@ship8.com

Service at: Ship8 Logistics Northport
550 Northport Parkway
Savannah, GA 31407

Remit to: 814 Livingston Court
Marietta, GA. 30067

Customer ID: 4SHIP810

Branch Resp: COMM - NEWNAN BRANCH

Description: Work Order 222567 Project Speed Quote

Job Number: BC-PQ-2000

PO Number: 25091054

Call Type: PRSQ

Summary: RFP to perform diagnostics on reach-in refrigerator.

Final Billing

1.00

278.000

278.000

Below is the scope of the work performed:

- Labor to perform diagnostics on reach-in refrigerator.
- No materials have been included.
- Provide information for repairs needed.

Assumptions

- Scope excludes anything not explicitly detailed in this quote.
- All labor to be performed during normal business hours (8am-5pm)
- Pricing includes delivery of parts to repair location.
- Price excludes credit card fees.

Unpaid invoices accrue interest pursuant to Georgia law at the rate of 1.5% per month, effective 30 days after the invoice date. All reasonable costs of collection will be borne by debtor. A 2.75% processing fee will be added to any invoices paid by credit card.

Total Due:

\$278.00

For questions about your invoice, please contact ServiceBilling@maxairmech.com

Happy with our performance? We offer HVAC, Plumbing, and Building Automation Services!