

**SHIP8, INC.**

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

AP.SHIP8@SHIP8.COM

**ORDER FROM**

101009

LIFSTONE, LLC  
440 E. WESTINGHOUSE BLVD.  
CHARLOTTE, NC 28273  
US

**SHIP TO**

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

Buyer

Purchasing Dept

Terms

30 days

FOB

FOB Origin

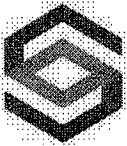
Ship Via

Best possible

Line No.	Vendor Item No.	Vendor Item Description	Qty Ordered	UOM	Unit Price	Extended Price
1		Labor 10:30 am-12:00 pm (9/30/2025)	1.50	Each	178.00	
2		Labor 6:30 am- 8:00 am (10/01/2025)	1.50	Each	178.00	

*Inv. 1024* ↓

Total Extended Price =



# SHIP8 INC.

DATE: 10/16/2025  
 WHS LOCATION: SD2  
 DEPARTMENT: Maintenance

**SUPPLIER / VENDOR:****SHIP TO:**

NAME: LiftOne  
 ADDRESS: 5503 Export Blvd.  
 Garden City, Ga. 31408  
 CONTACT: [www.LiftOne.net](http://www.LiftOne.net)  
 TEL NO.: (855)543-8663

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 for the labor repairs on a rental return. WON:#WO-02435888	
Labor				\$ -		
Shop Regular	10:30 am-12:00 pm (9/30/2025)	\$ 178.00	1.5	\$ 267.00		
Shop Regular	6:30 am- 8:00 am (10/01/2025)	\$ 178.00	1.5	\$ 267.00		
				\$ -		
				\$ -		
				\$ -		
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				\$ -		
				\$ -		
				\$ -		
				\$ -		
				\$ -		
<b>ESTIMATED TOTAL</b>				<b>\$ 534.00</b>		

Check box if attaching quote

REQUESTER SIGNATURE: \_\_\_\_\_  
 WAREHOUSE DIRECTOR SIGNATURE: *[Signature]*  
 SHIP8 PRESIDENT SIGNATURE: *[Signature]*  
 E&E CONTROLLER SIGNATURE: \_\_\_\_\_  
 IT AUTHORIZER (SOFTWARE & HARDWARE): \_\_\_\_\_

DATE: \_\_\_\_\_  
 DATE: 16/10/2025  
 DATE: 16/10/2025  
 DATE: \_\_\_\_\_  
 DATE: \_\_\_\_\_

FOR OFFICE USE ONLY

ORDER DATE: _____	ORDERED BY: _____
ETA DATE: _____	ORDERED AMOUNT: _____
<b>PAYMENT METHOD: (Please check one)</b> <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	



(855) 543-8663  
www.LiftOne.net

# Service Report

Date: 10/15/2025

LOCATION	SERVICING DEALER
STR Internal - Branch 206 5503 EXPORT BLVD Garden City, GA, 31408  Ship to SAP ID: 0000085947	<b>Work Order Number:</b> WO-02435888 <b>Technician:</b> William Smith  Savannah - 206  PSSR: Joshua Landreman

WORK ORDER DETAILS			
Installed Product	YALE-GC040SVX-D809V03846U	Record Type	SORS - Repair
Installed Product Number	306326	Order Type	Shop
Customer Unit Number		Hour Meter Reading	3,834
Purchase Order			
PROBLEM DESCRIPTION			
Customer damage on rental			
CAUSE			
Component	Fuel System	Fault Found	Missing Hardware
REPAIR DESCRIPTION			
Remove customer applied decals and replace missing propane tank.			

## Labor

ACTIVITY TYPE	START TIME	END TIME	TOTAL HOURS	TOTAL LINE PRICE
Shop Regular	09/30/2025 10:30 AM	09/30/2025 12:00 PM	1.5	\$267.00
Shop Regular	10/01/2025 6:30 AM	10/01/2025 8:00 AM	1.5	\$267.00
Environmental Fee - SORS			0	\$0.00

<b>Total Labor Charges: \$534.00</b>
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### Parts Used For Repairs

MATERIAL	DESCRIPTION	LINE QTY	LINE PRICE PER UNIT	TOTAL LINE PRICE
800119603	TANK - LPG - STEEL 33.5 LB NR1	1	\$345.60	\$345.60
800119603	TANK - LPG - STEEL 33.5 LB NR1	-1	\$345.60	\$-345.60
<b>Total Parts: \$0.00</b>				
<b>Total Work Order Charges (Not Including State or Local Taxes) : \$534.00</b>				

Customer PO: \_\_\_\_\_

THIS DOCUMENT IS NOT AN INVOICE AND DOES NOT INCLUDE STATE OR LOCAL TAXES. CUSTOMER SIGNATURE REPRESENTS ACCEPTANCE OF SERVICES AS DESCRIBED HEREIN. LIFTONE LLC IS NOT LIABLE FOR ANY DAMAGE, LOSS, OR EXPENSE ARISING FROM OR OWING TO ANY DELAY IN DEALER PRODUCTION OR DELIVER OF GOODS OR SERVICES.









# 10162025-SD2-WO02435888-Adobe

Final Audit Report

2025-10-16

Created:	2025-10-16
By:	Angele White (angele.white@ship8.com)
Status:	Signed
Transaction ID:	CBJCHBCAABAALBPEDWXxnpC6g5tOPDuMroehu3TBQhuw

## "10162025-SD2-WO02435888-Adobe" History

-  Document created by Angele White (angele.white@ship8.com)  
2025-10-16 - 1:25:04 PM GMT
-  Document emailed to James Burford (james.burford@ship8.com) for signature  
2025-10-16 - 1:25:09 PM GMT
-  Document emailed to Ron Capranos (ron.capranos@ship8.com) for signature  
2025-10-16 - 1:25:09 PM GMT
-  Email viewed by James Burford (james.burford@ship8.com)  
2025-10-16 - 3:02:28 PM GMT
-  Document e-signed by James Burford (james.burford@ship8.com)  
Signature Date: 2025-10-16 - 3:02:58 PM GMT - Time Source: server
-  Email viewed by Ron Capranos (ron.capranos@ship8.com)  
2025-10-16 - 5:51:23 PM GMT
-  Document e-signed by Ron Capranos (ron.capranos@ship8.com)  
Signature Date: 2025-10-16 - 5:51:40 PM GMT - Time Source: server
-  Agreement completed.  
2025-10-16 - 5:51:40 PM GMT

Re: Completed: "10162025-SD2-WO02435888-Adobe"

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

Date Fri 10/24/2025 6:30 AM

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

Completed



**SHIP8 INC.**

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

C: 912.414.6118

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

Sent: Friday, October 24, 2025 6:28:54 AM

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

Subject: Re: Completed: "10162025-SD2-WO02435888-Adobe"

*Team*

*Has PO 25101186 been completed?*



**SHIP8 INC.**



PO BOX 1095  
Charlotte, NC 28201

Visit our website to view news and promotions at [www.LiftOne.net](http://www.LiftOne.net)

STORE LOCATION:  
LiftOne - Garden City, GA  
TEL# (912) 964-4830  
FEDERAL ID 45-4550422

REMIT PAYMENT:  
LiftOne LLC  
PO Box 602727  
Charlotte NC 28260-2727

BILL-TO-ADDRESS:92913

SHIP8 INC  
45875 NORTHPORT LOOP EAST  
FREMONT CA 94538

SERVICE INVOICE	
INVOICE NO:	98335924
INVOICE DATE:	10-20-2025
CUSTOMER PO:	25101186
CUSTOMER UNIT NO.	C25898
MODEL NO.	GC040SVX
SERIAL NO.	D809V03846U
HOUR METER READING	3834
SERVICE ORDER NO.	WO-02435888
PAYER	92913

SHIP-TO-ADDRESS:2075806  
SHIP 8  
550 NORTHPORT PKWY  
PORT WENTWORTH GA 31407

DESCRIPTION OF REPAIR PERFORMED

Remove customer applied decals and replace missing propane tank.

Total Labor Charges 534.00

PARTS USED FOR REPAIR

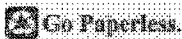
Environmental - Transportation - Freight

Charge Type	Qty	Amount
Freight		
Transport		
Environmental/Service Supplies		
Total		

Items total 534.00

Invoice Amount 534.00

Thank you for choosing LiftOne. We appreciate the opportunity to handle your material handling needs.



To receive your invoices & statements electronically, view your account and to pay your invoices online please visit [www.LiftOne.net](http://www.LiftOne.net)

TERMS OF PAYMENT: DUE UPON RECEIPT

REMIT PAYMENT TO:

LIFTONE

PO BOX 602727

CHARLOTTE NC 28260-2727

TOTAL DUE 534.00

\* NO CASH DISCOUNTS \*

All past due amounts will be assessed a finance charge at the highest lawful rate. In case suit is necessary for collection, buyer agrees to pay all cost, including reasonable attorney's fees. Prices subject to change without notice. Do not return parts for credit without prior approval of Parts Manager. A 15% handling/restocking charge will be applied on returned merchandise. Applicable sales, use or excise taxes are payable by purchaser in addition to the prices stated herein. Invoice Dispute claims must be made within 15 days.

All sales are subject to standard terms & conditions posted on our company's website at [www.LiftOne.net](http://www.LiftOne.net)

Thank-You for your business!!