



Driver's Manifest Shipment Summary

eCommerce API v4.0

Transportation Support Line: 800-426-7478

Soldto # / Pickup # 5125414 / 5404981
Customer Happy Socks North America Inc SHIP 8 INC
 311 INTERNATIONAL TRADE PKWY
 PORT WENTWORTH, GA 31407-9265

Date / Time 2025-09-11 17:32 UTC

Processing Facility USATL1

1370 Discovery Industrial Court
 MABLETON, GA 30126
 US



BOL # 54049815091117325800

Shipment Summary

DHL eCommerce Product	Total Pieces	Weight
DHL SM PARCEL GROUND	41	15.0500 LB
DHL SM PARCEL PLUS GROUND	7	14.8400 LB
Total:	48	29.8900 LB

TSA

By signing below as "Shipper", you represent that this shipment complies with: all federal regulatory and security requirements; consent to any screening necessary to ensure compliance; and agree to pay all associated charges.

Terms and Conditions and Shipment Authorization

When using DHL eCommerce's services, you (Shipper) agree that DHL eCommerce's terms and conditions ("T&Cs"), which are incorporated by reference herein and can be found at <http://www.dhl-usa.com/e-commerce/termsandconditions>, shall apply. DHL eCommerce reserves the right to modify, alter or amend the T&Cs at any time. Shipper agrees to pay all charges associated with the requested services as marked.

 Shipper's Name (Please Print)


 Seal (Optional)

 Total # of Containers

 Shipper's Signature (Required)

 Date / Time (Required)

Pick-Up Agent (All Fields are required)			Receiving DC (Internal Use Only)			
Driver's Name (Please Print)	Driver's Signature		Containers	Gross Weight	Date	Time
Containers	Date	Time	Receiver's Name (Please Print)	Receiver's Signature	Seal #	

SHIP FROM		Bill of Lading Number: 06757161391254700	
Name: Ship8 Inc Address: 311 International Trade Pkwy City/State/Zip: Port Wentworth, GA 31407 SID#:		 (402)06757161391254700	
PHONE: VENDOR:		CARRIER NAME: DHL eCommerce Responsible Acct.No: 5125414	
SHIP TO		Trailer number: Seal number(s):	
Name: Location #: Address: City/State/Zip: CID#:		SCAC: Pro Number:	
Dept:		FOB: <input type="checkbox"/>	
THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Name: Address: City/State/Zip:		Prepaid: X Collect: 3rd Party:	
SPECIAL INSTRUCTIONS: Customer PO/Ref No:		<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading	
		Appointment Time AM PM	Actual Driver Arrival Time AM PM
		Driver Departure Time AM PM	

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
48	ctns			29.89				
48				29.89		Grand Total		

Where the rate is dependent on value, shippers are required to stated specifically in writing the agreed or declared value of the property as follows:
 *The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ per _____

COD Amount: _____ Fee Terms: Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/> Customer check acceptable: <input type="checkbox"/>

NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A) and (B).

RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request, and to all applicable state and federal regulations.

The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.

Shipper Signature

SHIPPER SIGNATURE / DATE This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.	Trailer Loaded: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver	Freight Counted: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces	CARRIER SIGNATURE / PICKUP DATE Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle.
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