



# 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** 2026-02-12 19:29 UTC

**Processing Facility** USATL1

1370 Discovery Industrial Court  
 MABLETON, GA 30126  
 US

**BOL # 54049816021219295700**

## Shipment Summary

DHL eCommerce Product	Total Pieces	Weight
DHL SM PARCEL GROUND	38	13.1400 LB
DHL SM PARCEL PLUS GROUND	8	14.3600 LB
<b>Total:</b>	<b>46</b>	<b>27.5000 LB</b>

**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 #	

<b>SHIP FROM</b>		<b>Bill of Lading Number:</b> 06757161405879493										
Name: Ship8 Inc		 (402)06757161405879493										
Address: 311 International Trade Pkwy												
City/State/Zip: Port Wentworth, GA 31407		<b>CARRIER NAME:</b> DHL eCommerce										
SID#:		Responsible Acct.No: 5125414										
PHONE:		Trailer number:										
VENDOR: <span style="float: right;">FOB: <input type="checkbox"/></span>		Seal number(s):										
<b>SHIP TO</b>		<b>SCAC:</b>										
Name: <span style="float: right;">Location #:</span>		<b>Pro Number:</b>										
Address:		<b>Freight Charge Terms: (freight charges are prepaid unless marked otherwise)</b>  <b>Prepaid: X</b> <b>Collect:</b> <b>3rd Party:</b>  <input type="checkbox"/> Master Bill of Lading: with attached (check box)      underlying Bills of Lading										
City/State/Zip:												
CID#:												
Dept: <span style="float: right;">FOB: <input type="checkbox"/></span>		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 33%;">Appointment Time</td> <td style="width: 33%;">Actual Driver Arrival Time</td> <td style="width: 33%;">Driver Departure Time</td> </tr> <tr> <td style="text-align: center;">AM</td> <td style="text-align: center;">AM</td> <td style="text-align: center;">AM</td> </tr> <tr> <td style="text-align: center;">PM</td> <td style="text-align: center;">PM</td> <td style="text-align: center;">PM</td> </tr> </table>		Appointment Time	Actual Driver Arrival Time	Driver Departure Time	AM	AM	AM	PM	PM	PM
Appointment Time	Actual Driver Arrival Time	Driver Departure Time										
AM	AM	AM										
PM	PM	PM										
<b>THIRD PARTY FREIGHT CHARGES BILL TO:</b>												
Name:												
Address:												
City/State/Zip:												
SPECIAL INSTRUCTIONS:												
Customer PO/Ref No:												

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
46	ctns			27.50				
46				27.50		<b>Grand Total</b>		

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 _____	<b>COD Amount:</b> _____ <b>Fee Terms:</b> <b>Collect:</b> <input type="checkbox"/> <b>Prepaid:</b> <input type="checkbox"/> <b>Customer check acceptable:</b> <input type="checkbox"/>
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**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.  <p style="text-align: right;"><b>Shipper Signature</b></p>
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<b>SHIPPER SIGNATURE / DATE</b> 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.	<b>Trailer Loaded:</b> <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver	<b>Freight Counted:</b> <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces	<b>CARRIER SIGNATURE / PICKUP DATE</b> 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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