



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 2026-02-19 18:22 UTC

Processing Facility USATL1

1370 Discovery Industrial Court
 MABLETON, GA 30126
 US

**BOL # 54049816021918222200**

Shipment Summary

| DHL eCommerce Product | Total Pieces | Weight |
|---------------------------|--------------|-------------------|
| DHL SM PARCEL GROUND | 29 | 11.0900 LB |
| DHL SM PARCEL PLUS GROUND | 1 | 4.2500 LB |
| Total: | 30 | 15.3400 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: 06757161406414365  (402)06757161406414365 | | | | | | | | | | |
| Name: Ship8 Inc Address: 311 International Trade Pkwy City/State/Zip: Port Wentworth, GA 31407 SID#: _____ PHONE: _____ VENDOR: _____ | | CARRIER NAME: DHL eCommerce Responsible Acct.No: 5125414 Trailer number: _____ Seal number(s): _____ | | | | | | | | | | |
| SHIP TO | | SCAC: _____ Pro Number: _____ | | | | | | | | | | |
| Name: _____ Location #: _____ Address: _____ City/State/Zip: _____ CID#: _____ Dept: _____ | | Freight Charge Terms: (freight charges are prepaid unless marked otherwise) Prepaid: X Collect: _____ 3rd Party: _____ <input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading (check box) | | | | | | | | | | |
| THIRD PARTY FREIGHT CHARGES BILL TO: | | <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 | | | | | | | | | | |
| 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 |
| 30 | ctns | | | 15.34 | | | | |
| 30 | | | | 15.34 | | 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).

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|--|---|
| 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;">Shipper Signature</p> |
|--|---|

| | | | |
|--|---|---|---|
| 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. |
|--|---|---|---|