



# Driver's Manifest Shipment Summary

eCommerce API v4.0

Transportation Support Line: 800-426-7478
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**Soldto # / Pickup #** 5125414 / 5404981  
**Customer** Happy Socks North America Inc SHIP 8 INC  
 311 INTERNATIONAL TRADE PKWY  
 PORT WENTWORTH, GA 31407-9265

**Date / Time** 2026-03-11 17:27 UTC

**Processing Facility** USATL1

1370 Discovery Industrial Court  
 MABLETON, GA 30126  
 US



**BOL # 54049816031117275060**

## Shipment Summary

DHL eCommerce Product	Total Pieces	Weight
DHL SM PARCEL GROUND	11	2.0100 LB
DHL SM PARCEL PLUS GROUND	2	2.7400 LB
<b>Total:</b>	<b>13</b>	<b>4.7500 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> 06757161407397995										
Name: Ship8 Inc Address: 311 International Trade Pkwy City/State/Zip: Port Wentworth, GA 31407 SID#: _____ PHONE: _____ VENDOR: _____ FOB: <input type="checkbox"/>		 (402)06757161407397995										
<b>SHIP TO</b>		<b>CARRIER NAME:</b> DHL eCommerce										
Name: _____ Location #: _____ Address: _____ City/State/Zip: _____ CID#: _____ Dept: _____ FOB: <input type="checkbox"/>		Responsible Acct.No: 5125414 Trailer number: _____ Seal number(s): _____ <b>SCAC:</b> _____ <b>Pro Number:</b> _____										
<b>THIRD PARTY FREIGHT CHARGES BILL TO:</b>		<b>Freight Charge Terms: (freight charges are prepaid unless marked otherwise)</b>										
Name: _____ Address: _____ City/State/Zip: _____		Prepaid: <input checked="" type="checkbox"/> Collect: _____      3rd Party: _____ <input type="checkbox"/> Master Bill of Lading: with attached (check box)      underlying Bills of Lading										
SPECIAL INSTRUCTIONS: Customer PO/Ref No: _____		<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										

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
13	ctns			4.75				
13				4.75		<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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