SALES INVOICE / SHIPPING MANIFEST

INVOICE/MANIFEST # SO7660		ACTUAL DATE AND TIME OF DEPAR	TURE 11/14/2019 02:2	5 PM			
ATTACHED PAGES No			ESTIMATED DATE AND TIME OF ARRIVAL				
SH	HIPPER INFORMATION	R	RECEIVER INFORMATION				
STATE LICENSE #	C11-0000224-LIC	STATE LICENSE #	C10-0000	C10-0000009-LIC			
TYPE OF LICENSE	License	STATE LICENSE2 #					
BUSINESS NAME	Oz Distribution, Inc.	TYPE OF LICENSE	Retailer L	Retailer License			
BUSINESS ADDRESS	195 Harvey West Blvd	BUSINESS NAME	Horizon 1	Horizon 1841			
CITY, STATE, ZIP CODE	Santa Cruz, CA BUSINESS ADDRESS 1841 El Camino Ave		amino Ave				
	950602126	CITY, STATE, ZIP CODE	Sacramer	Sacramento, CA 95815			
PHONE NUMBER	(831) 600-7710	(831) 600-7710 PHONE NUMBER 916-359-1841					
CONTACT NAME	Miguel Felix	CONTACT NAME					
		DISTRIBUTOR INFORMATION					
STATE LICENSE #	C11-0000224-LIC	DRIVER'S NAME	Angel Ro	Angel Rodriguez			
BUSINESS NAME	Oz Distribution, Inc.	CA DRVR LIC #	B9147506	B9147506			
BUSINESS ADDRESS	195 Harvey West Blvd	VEHICLE MAKE	Ford	Ford			
CITY, STATE, ZIP CODE	Santa Cruz, CA 950602126	VEHICLE MODEL	Transit	Transit			
PHONE NUMBER	(831) 600-7710	VEHICLE LIC. PLATE #	54269L2	54269L2			
CONTACT NAME	Miguel Felix	ACTUAL DATE AND TIMI ARRIVAL	E OF				
	RECEIVER	PRODUCT SHIPPED DETAILS COMPLETES ONLY THE SHADED COLUMNS	BELOW				
TEM NAME			QTY QTY UNIT			TOTAL RETAIL	
UID ITEM NAME	Swinship Managa Davida a 4 s		ORD REC'IDOS			VALUE	
[CT00012] S -Summit Boys Crumble Mango Brulee 1g [CT00213] S -Summit Boys Caviar Sugar Gorilla Glue 1g				0.01 \$0.12 0.01 \$0.00			
.C100213] 3 -3ullillill Boys C	Savial Sugal Golilla Glue 19		U VI	J.01	J		
		PRODUCT REJECTION					
IF PRO	DUCTS ARE REJECTED PLEASE CIRCI	LE THE ITEMS BEING REJECTED IN THE PROI	DUCT SHIPPED DETAI	LS SECTION ABO	OVE		
REASON FOR RECECTION	DN						
		PRODUCT RECEIPT CONFIRMATION					
I confirm that the contents	of this shipment match in weight and cour						
	all items as inicated received above - and we are rejected for delivery and remain in t	which are not circled. the custody of the distributor for return to the shipp	per as indicated in this fo	orm and all attache	ed produc	t detail	
NAME OF PERSON RECEIVING AND/OR REJECTIONG PRODUCT			PHONE NUMBER				
SIGNATURE OF PERSON REJECTING PRODUCT	NRECEIVING AND/OR		DATE SIGNE	ED			