SALES INVOICE / SHIPPING MANIFEST

INVOICE/MANIFEST # SO6	111	ACTUAL DATE AND TIME OF DEP	ARTURE 08/22/2019 02:57 PM	1	
INVOICE/MANIFEST # SO6444 ATTACHED PAGES No			ESTIMATED DATE AND TIME OF ARRIVAL		
SHIPPER INFORMATION			RECEIVER INFORMATION		
STATE LICENSE #	C11-0000224-LIC	STATE LICENSE #	C9-0000184-L	IC	
TYPE OF LICENSE	License	STATE LICENSE2 #			
BUSINESS NAME	Oz Distribution, Inc.	TYPE OF LICENSE	Retailer Licens	Retailer License	
BUSINESS ADDRESS	195 Harvey West Blvd	BUSINESS NAME	Humble OZ LL	Humble OZ LLC	
CITY, STATE, ZIP CODE Santa Cruz, CA		BUSINESS ADDRESS	920 52nd Ave	920 52nd Ave	
	950602126	CITY, STATE, ZIP COL	CITY, STATE, ZIP CODE OAKLAND, CA 94601		
PHONE NUMBER	(831) 600-7710	PHONE NUMBER	+1 510-421-61	+1 510-421-6135	
CONTACT NAME	Miguel Felix	CONTACT NAME	CONTACT NAME		
		DISTRIBUTOR INFORMATION			
CTATE LICENCE #	C44 0000324 LIC	DDIVED'S NAME	Rodel Jardele		
STATE LICENSE #	C11-0000224-LIC	DRIVER'S NAME	B82636677	za	
BUSINESS NAME BUSINESS ADDRESS	Oz Distribution, Inc. 195 Harvey West Blvd	CA DRVR LIC # VEHICLE MAKE	Ford		
	Santa Cruz, CA 950602126	VEHICLE MODEL	Transit		
CITY, STATE, ZIP CODE PHONE NUMBER	(831) 600-7710	VEHICLE MODEL VEHICLE LIC. PLATE:			
CONTACT NAME	Miguel Felix	ACTUAL DATE AND T			
CONTACT NAME	Iviiguei i elix	ARRIVAL	IIVIE OI		
		PRODUCT SHIPPED DETAILS			
	RECEIVE	ER COMPLETES ONLY THE SHADED COLUMN	NS BELOW		
				UNIT TOTAL	
			QTY QTY UNIT	RETAIL RETAIL	
UID ITEM NAME				TOTAL COST VALUE VALUE	
Kanebes Hybrid Flower Strawberry Banana SMALLS 28g.			8 \$60.00	\$480.00	
raneses riyana rio	wor offawberry barraina own teed 209	,	σ φου.σσ	φ+00.00	
IE DDOD!	LOTO ARE REJECTED BY EASE OF	PRODUCT REJECTION	OODLIGT GUIDDED DETAIL O	DECTION ADOVE	
IF PRODU	JUIS ARE REJECTED PLEASE CIR	CLE THE ITEMS BEING REJECTED IN THE PR	ODUCT SHIPPED DETAILS S	SECTION ABOVE	
REASON FOR RECECTION					
		PRODUCT RECEIPT CONFIRMATION			
I confirm that the contents of	this shipment match in weight and co	unt as indicated above.			
	items as inicated received above - an				
The products circled abbove sheet(s).	are rejected for delivery and remain ir	n the custody of the distributor for return to the sh	nipper as indicated in this form a	and all attached product detail	
NAME OF PERSON RECEIVING AND/OR			PHONE		
REJECTIONG PRODUCT			NUMBER		
SIGNATURE OF PERSON RECEIVING AND/OR			DATE SIGNED		
REJECTING PRODUCT					