SALES INVOICE / SHIPPING MANIFEST

ACTUAL DATE AND TIME OF DEPARTURE 08/20/2019 04:26 PM ATTACHED PAGES No ESTIMATED DATE AND TIME OF DEPARTURE 08/20/2019 04:26 PM ATTACHED PAGES No ESTIMATED DATE AND TIME OF ARRIVAL SHIPPER INFORMATION RECEIVER INFORMATION STATE LICENSE # C11-0000224-LIC STATE LICENSE # C9-0000184-LIC TYPE OF LICENSE License STATE LICENSE # C9-0000184-LIC TYPE OF LICENSE BUSINESS NAME Oz Distribution, Inc. TYPE OF LICENSE Retailer License BUSINESS NAME The Diamond Bonsai CITY, STATE, ZIP CODE Santa Cruz, CA BUSINESS ADMESS 920 52nd Ave 950602126 CITY, STATE, ZIP CODE OAKLAND, CA 94601 PHONE NUMBER (831) 600-7710 PHONE NUMBER 9704719967 CONTACT NAME Miguel Felix CONTACT NAME DISTRIBUTOR INFORMATION STATE LICENSE # C11-0000224-LIC DRIVER'S NAME Angel Rodriguez BUSINESS NAME Oz Distribution, Inc. CA DRVR LIC # B9147506 BUSINESS NAME Oz Distribution, Inc. CA DRVR LIC # B9147506 BUSINESS NAME OZ DIstribution, Inc. CA DRVR LIC # B9147506 BUSINESS ADDRESS 195 Harvey West Blvd VEHICLE MAKE Ford CITY, STATE, ZIP CODE Santa Cruz, CA 950602126 VEHICLE MODEL Transit PHONE NUMBER (831) 600-7710 VEHICLE LIC. PLATE # 54269L2 CONTACT NAME Miguel Felix PRODUCT SHIPPED DETAILS RECEIVER COMPLETES ONLY THE SHADED COLUMNS BELOW	ON		
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Kanebes Hybrid Flower 28g. smalls Request 8 \$60.00	.00		
Kanebes Indica Flower 14g. smalls Request 16 \$35.00 \$560	.00		
Kanebes Hybrid Flower Strawberry Banana SMALLS 28g. 8 \$67.00 \$536	.00		
Kanebes Indica Flower Holy Grail SMALLS 14g \$35.00 \$560	.00		
PRODUCT REJECTION			
IF PRODUCTS ARE REJECTED PLEASE CIRCLE THE ITEMS BEING REJECTED IN THE PRODUCT SHIPPED DETAILS SECTION A	BOVE		
REASON FOR RECECTION			
PROPUST PROFIDE CONFIDENCE			
PRODUCT RECEIPT CONFIRMATION I confirm that the contents of this shipment match in weight and count as indicated above.			
I agree to take custody of all items as inicated received above - and which are not circled. The products circled abbove are rejected for delivery and remain in the custody of the distributor for return to the shipper as indicated in this form and all atta sheet(s).	ched product	detail	
NAME OF DEDCON DECENTING AND/OD			
NAME OF PERSON RECEIVING AND/OR REJECTIONG PRODUCT NUMBER			
SIGNATURE OF PERSON RECEIVING AND/OR REJECTING PRODUCT DATE SIGNED			