SALES INVOICE / SHIPPING MANIFEST

		ii				
INVOICE/MANIFEST # SO7343 ATTACHED PAGES No		ACTUAL DATE AND TIME OF DEPARTURE 10/23/2019 03:46 PM ESTIMATED DATE AND TIME OF ARRIVAL				
ATTACHED PAGES NO		ESTIMATED DATE AND TIME OF ARRIVA	XL			
SHIP	PER INFORMATION	REC	RECEIVER INFORMATION			
_						
STATE LICENSE #	C11-0000224-LIC	STATE LICENSE #	C10-0000314	I-LIC		
TYPE OF LICENSE	License	STATE LICENSE2 #	B . 11 . 11			
BUSINESS NAME	Oz Distribution, Inc.	TYPE OF LICENSE				
BUSINESS ADDRESS 195 Harvey West Blvd		BUSINESS NAME	Revolution Er	•		
CITY, STATE, ZIP CODE	Santa Cruz, CA	BUSINESS ADDRESS		3081 N. State St.		
950602126 PHONE NUMBER (831) 600-7710		CITY, STATE, ZIP CODE		Ukiah, CA 95482		
		PHONE NUMBER	(707) 696-060	(707) 696-0666		
CONTACT NAME	Miguel Felix	CONTACT NAME				
		DISTRIBUTOR INFORMATION				
STATE LICENSE #	C11-0000224-LIC	DRIVER'S NAME	Bradley Marti	Bradley Martinez		
BUSINESS NAME Oz Distribution, Inc.		CA DRVR LIC #		B9489158		
BUSINESS ADDRESS 195 Harvey West Blvd		VEHICLE MAKE		Ford		
CITY, STATE, ZIP CODE Santa Cruz, CA 95060212		VEHICLE MODEL	Transit			
PHONE NUMBER (831) 600-7710		VEHICLE LIC. PLATE #		54269L2		
CONTACT NAME	Miguel Felix	ACTUAL DATE AND TIME OF				
	,g	ARRIVAL				
		PRODUCT SHIPPED DETAILS				
	RECEIVE	R COMPLETES ONLY THE SHADED COLUMNS BELC	OW			
				UNIT	TOTAL	
			QTY QTY UNIT	RETAI	L RETAIL	
UID ITEM NAME			ORD RECIDOST	TOTAL COST VALUE	VALUE	
[FL00538] Kanebes Indica Flowe		32 \$12.00	\$384.00			
		PRODUCT REJECTION				
IE PRODUIC	TS ARE REJECTED BLEASE CIRC	CLE THE ITEMS BEING REJECTED IN THE PRODUCT	T CHIDDED DETAIL C	SECTION ABOVE		
II FRODUC	TO AIL ILILOTED FELAGE CINC	SEE THE HEMS BEING RESECTED IN THE PRODUC	1 SHIFFED DETAILS	SECTION ABOVE		
REASON FOR RECECTION						
		PRODUCT RECEIPT CONFIRMATION				
I confirm that the contents of the	is shipment match in weight and cou	unt as indicated above.				
	ems as inicated received above - and					
The products circled abbove an sheet(s).	e rejected for delivery and remain in	the custody of the distributor for return to the shipper as	s indicated in this form	and all attached produ	ct detail	
NAME OF PERSON RECEIVING AND/OR REJECTIONG PRODUCT			PHONE NUMBER			
SIGNATURE OF PERSON RECEIVING AND/OR			DATE SIGNED			
REJECTING PRODUCT						