SALES INVOICE / SHIPPING MANIFEST

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INVOICE/MANIFEST # SO6747				ACTUAL DATE AND TIME OF DEPARTURE 09/10/2019 04:14 PM								
ATTACHED PAGES No				EST	IMATED DATE AND TIME OF ARRIVA	L						
SHIPPER INFORMATION					RECEIVER INFORMATION							
STATE LICENSE # C11-0000224-LIC		,		STATE LICENSE #		C12-	0000009	-LIC				
TYPE OF	PE OF LICENSE License				STATE LICENSE2 #							
BUSINES	USINESS NAME Oz Distribution, Inc.			TYPE OF LICENSE		Retailer License						
BUSINESS ADDRESS 195 Harvey West Blvd			BUSINESS NAME		Holis	Holistic Alternative Inc						
CITY, STATE, ZIP CODE Santa Cruz, CA 950602126			BUSINESS ADDRESS		18306 Eddy St							
			CITY, STATE, ZIP CODE			Northridge, CA 91325						
PHONE NUMBER (831) 600-7710				PHONE NUMBER	PHONE NUMBER 0							
CONTACT NAME Miguel Felix				CONTACT NAME								
				DISTRI	BUTOR INFORMATION							
STATE LICENSE # C11-0000224-LIC		;		DRIVER'S NAME		Angel Rodriguez						
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 9			VEHICLE MODEL		Transit					
PHONE NUMBER		(831) 600-7710			VEHICLE LIC. PLATE #		54269L2					
CONTAC	T NAME	Miguel Felix			ACTUAL DATE AND TIME OF ARRIVAL	•						
					JCT SHIPPED DETAILS							
			RECEIVER COI	MPLETES	ONLY THE SHADED COLUMNS BELO	WC						
UID	ITEM NAME						QTY		TOTAL COST		TOTAL RETAIL	
סוט	Summit Boys Caviar Sugar Cali Girl 1g					25		\$25.00			VALUE	
		Summit Boys Caviar Sugar Can Gir 1g						\$17.50				
Summit Boys Scotts OG Caviar Crumble 1g					25		\$17.50					
				PRO	ODUCT REJECTION							
	IF PRO	DDUCTS ARE REJECTED PL	EASE CIRCLE TI		BEING REJECTED IN THE PRODUC	T SHIPF	PED DI	ETAILS S	SECTION ABO	VE		
REASO	ON FOR RECECTION	ON										
			P	PRODUCT	RECEIPT CONFIRMATION							
I confirm	m that the contents	of this shipment match in we										
_	oducts circled abbo	all items as inicated received ve are rejected for delivery ar			circled. The distributor for return to the shipper as	s indicat	ted in t	his form	and all attache	d produc	t detail	
	OF PERSON REC				HONE UMBEI	D						
SIGNATURE OF PERSON RECEIVING AND/OR REJECTING PRODUCT								IGNED				