SALES INVOICE / SHIPPING MANIFEST

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INVOICE/MANIFEST # SO7526				ACTUAL DATE AND TIME OF DEPARTURE 11/01/2019 03:46 PM							
ATTACHE	ED PAGES No			ESTIMATED DATE AND TIME OF ARRIVAL							
SHIPPER INFORMATION					RECEIVER INFORMATION						
STATE LICENSE # C11-0000224-LICENSE C11-00000224-LICENSE C11-0000024-LICENSE C11-00000024-LICENSE C11-0000024-LICENSE C11-0000024-LICENSE C11-00000024-LICENSE C11-00000000000000000000000000000000000					STATE LICENSE #		C10-0000107-LIC				
TYPE OF LICENSE License				STATE LICENSE2#		A10-18-0000278-TEMP					
BUSINESS NAME Oz Distribution, Ir					TYPE OF LICENSE		Retailer License				
BUSINESS ADDRESS 195 Harvey West Blvd						The Kind Center					
CITY, STATE, ZIP CODE Santa Cruz, CA 950602126					BUSINESS ADDRESS	1944 North Cahuenga Blvd.					
					CITY, STATE, ZIP CODE		Hollywood, CA 90068				
PHONE NUMBER (831) 600-7710		(831) 600-7710			PHONE NUMBER	;	323-318-9053				
CONTACT NAME Migu		Miguel Felix			CONTACT NAME						
				DISTRIBLITO	R INFORMATION						
				DIGTRIDOTO	IN ORMATION						
STATE LI	CENSE #	C11-0000224-LI0	LIC		DRIVER'S NAME		Angel Rodriguez				
BUSINESS NAME		Oz Distribution, Inc.			CA DRVR LIC #	B914		9147506			
BUSINESS ADDRESS		195 Harvey Wes	195 Harvey West Blvd		VEHICLE MAKE		Ford				
CITY, STATE, ZIP CODE		Santa Cruz, CA 9	Santa Cruz, CA 950602126		VEHICLE MODEL	Transit					
PHONE NUMBER		(831) 600-7710	331) 600-7710		VEHICLE LIC. PLATE #		54269L2				
CONTACT NAME Miguel Felix					ACTUAL DATE AND TIME OF ARRIVAL						
					HIPPED DETAILS THE SHADED COLUMNS BELO	W					
						QTY (QTY UNIT		UNIT RETAIL	TOTAL RETAIL	
UID ITEM NAME					ORD F	REC'IDOST	TOTAL COST	VALUE	VALUE		
[CT00210] Summit Boys Caviar Crumble Forbidden Fruit 1G			: 1G			24	\$16.00	\$384.00			
[CT00216] Summit Boys Caviar Gorilla Glue 1g						24	\$16.00	\$384.00			
[CT00215] Summit Boys Caviar Crumble Pac USA 1g						24	\$16.00	\$384.00			
[CT00121] Summit Boys Crumble Mango Brulee 1g						24	\$12.00	\$288.00			
Summit Boys Shelf Support					3	-\$16.00	-\$48.00				
	Summit Boys Shelf Sup	port				1	-\$12.00	-\$12.00			
	IE DDODUOT	C ADE DE JECTED D			T REJECTION	CLUDDE	D DETAIL C		\/_		
	IF FRODUCT	S ARE REJECTED P	LEASE CIRCLE THE	TIEWS BEIN	G REJECTED IN THE PRODUCT	SHIFFE	DETAILS (SECTION ABO	VE		
REASO	N FOR RECECTION										
			PRC	ODLICT RECE	IPT CONFIRMATION						
I confirm	n that the contents of this	shipment match in we			III I CON INWATION						
	to take custody of all item		· ·								
_	ducts circled abbove are				ributor for return to the shipper as	indicate	d in this form	and all attache	d product	t detail	
NAME	OF PERSON RECEIVING	S AND/OR				рμ	ONE				
REJECTIONG PRODUCT				PHONE NUMBER							
SIGNATURE OF PERSON RECEIVING AND/OR REJECTING PRODUCT				DATE SIGNED							