SALES INVOICE / SHIPPING MANIFEST

INVOICE/MANIFEST # SO6747 ATTACHED PAGES No				ACTUAL DATE AND TIME OF DEPARTURE 09/10/2019 04:22 PM								
ATTACH	IED PAGES	No		ESTIMATED DATE AND TIME OF ARRIVAL								
SHIPPER INFORMATION					RECEIVER INFORMATION							
STATE LICENSE # C11-0000224-LIC		;		STATE LICENSE #		C12-0	000009	-LIC				
TYPE OF	YPE OF LICENSE License				STATE LICENSE2#							
BUSINESS NAME Oz Distribution, Inc.		nc.		TYPE OF LICENSE		Retailer License						
BUSINESS ADDRESS 195 Harvey West Blvd				BUSINESS NAME		Holisti	Holistic Alternative Inc					
CITY, STATE, ZIP CODE Santa Cruz, CA			BUSINESS AD			18306 Eddy St						
950602126				CITY, STATE, ZIP CODE			Northridge, CA 91325					
PHONE NUMBER (831) 600-7710					PHONE NUMBER 0							
CONTACT NAME Miguel Felix				CONTACT NAME								
				DISTRIBU	ITOR 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			VEHICLE MAKE							
CITY, STATE, ZIP CODE		·			VEHICLE MODEL		Transit					
PHONE NUMBER		(831) 600-7710			VEHICLE LIC. PLATE #		54269L2					
CONTAC	CT NAME	Miguel Felix			ACTUAL DATE AND TIME O	F						
				PRODUC*	T SHIPPED DETAILS							
			RECEIVER COM	MPLETES O	NLY THE SHADED COLUMNS BE	LOW						
UID	ITEM NAME						QTY L		TOTAL COST		TOTAL RETAIL VALUE	
	Summit Boys Caviar Sugar Cali Girl 1g					25		\$25.00				
Summit Boys Caviar Crumble OG Kush 1g						5	\$17.50	\$437.50				
Summit Boys Scotts OG Caviar Crumble 1g						25	5	\$17.50	\$437.50			
				PROD	UCT REJECTION							
	IF P	RODUCTS ARE REJECTED PI	EASE CIRCLE TH	HE ITEMS B	EING REJECTED IN THE PRODUC	CT SHIPF	PED DE	TAILS	SECTION ABO	VE		
REASO	ON FOR RECEC	TION										
			PI	RODUCT RE	ECEIPT CONFIRMATION							
I confir	m that the conter	nts of this shipment match in we										
_	oducts circled ab	of all items as inicated received bove are rejected for delivery a			led. distributor for return to the shipper	as indicat	ted in th	nis form	and all attache	d produc	t detail	
NAME OF PERSON RECEIVING AND/OR REJECTIONG PRODUCT					PHONE NUMBER							
SIGNATURE OF PERSON RECEIVING AND/OR REJECTING PRODUCT							ATE SIG					