SALES INVOICE / SHIPPING MANIFEST

INVOICE/MANIFEST # SO7533 ATTACHED PAGES No			ACTUAL DATE AND TIME OF DEPARTURE 10/30/2019 02:53 PM ESTIMATED DATE AND TIME OF ARRIVAL						
ATTACHED PAGES NO		ESTIMATE	DATE AND TIME OF ARRIVAL						
CLUD	PER INFORMATION		RECEIVER INFORMATION						
SHIP	PER INFORMATION		REGE						
STATE LICENSE #	C11-0000224-LIC		STATE LICENSE #	C10	-0000551	I-LIC			
TYPE OF LICENSE	License		STATE LICENSE2#						
BUSINESS NAME	Oz Distribution, Inc.		TYPE OF LICENSE	Reta	Retailer License				
BUSINESS ADDRESS	195 Harvey West Blvd		BUSINESS NAME	Trip	Triple C Collective				
CITY, STATE, ZIP CODE	Santa Cruz, CA		BUSINESS ADDRESS CITY, STATE, ZIP CODE	14196 Lakeshore Drive Clearlake, CA 95422					
	950602126								
PHONE NUMBER (831) 600-7710			PHONE NUMBER	707-	707-601-1525				
CONTACT NAME	Miguel Felix		CONTACT NAME						
		DISTRIBUTO	R INFORMATION						
STATE LICENSE #	C11-0000224-LIC		DRIVER'S NAME	Bradley Martinez					
SUSINESS NAME Oz Distribution, Inc.						B9489158			
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 #						
CONTACT NAME	Miguel Felix		ACTUAL DATE AND TIME OF		OOLL				
001111101111111111111111111111111111111	guo. i ox		ARRIVAL						
		PRODUCT SH	HIPPED DETAILS						
	RECEIVE	R COMPLETES ONLY	THE SHADED COLUMNS BELOV	W					
							UNIT	TOTAL	
				QTY QTY	UNIT		RETAIL	RETAIL	
UID ITEM NAME				ORD REC	S'IDOST	TOTAL COST	VALUE	VALUE	
[CT00150] The Oz Hybrid Crumble Cherry Vortex 1g				108	\$13.00	\$1,404.00			
		DDODUG	F DE JECTION						
IE DDODI IO	CTS ARE REJECTED PLEASE CIRC		REJECTION	CHIDDED L	DETAIL C	SECTION ADO	\/E		
IF FRODUC	713 ARE REJECTED PLEASE CIRC	OLE THE ITEMS BEIN	3 REJECTED IN THE PRODUCT	SHIFFED	JE TAILS	SECTION ABO	VE		
REASON FOR RECECTION									
		PRODUCT RECE	IPT CONFIRMATION						
I confirm that the contents of the	is shipment match in weight and cou								
	ems as inicated received above - and								
The products circled abbove an sheet(s).	e rejected for delivery and remain in	the custody of the dist	ributor for return to the shipper as i	indicated in	this form	and all attache	d produc	t detail	
NAME OF PERSON RECEIVING AND/OR REJECTIONG PRODUCT				PHONE NUMBE					
SIGNATURE OF PERSON RECEIVING AND/OR REJECTING PRODUCT				DATE S	SIGNED				
0_01114011100001									