SALES INVOICE / SHIPPING MANIFEST

	571	LES II VO			LOI	-				
INVOICE/MANIFEST # SO7832 ATTACHED PAGES No			ACTUAL DATE AND TIME OF DEPARTURE 11/18/2019 03:17 PM ESTIMATED DATE AND TIME OF ARRIVAL							
SHIPPER INFORMATION				RECEIVER INFORMATION						
STATE LICENSE #	C11-0000224-LIC	,		STATE LICENSE #	C	12-0000112	-LIC			
TYPE OF LICENSE	License			STATE LICENSE2#						
BUSINESS NAME	Oz Distribution, In	nc.		TYPE OF LICENSE	F	Retailer Licen	se			
BUSINESS ADDRESS 195 Harvey West Blvd			BUSINESS NAME		The Guild					
CITY, STATE, ZIP CODE Santa Cruz, CA				BUSINESS ADDRESS 2943 Daylight Way						
950602126				CITY, STATE, ZIP CODE	S	San Jose, CA 95111				
PHONE NUMBER (831) 600-7710 CONTACT NAME Miguel Felix			PHONE NUMBER		4	408.224.0420				
CONTACT NAME	CONTACT NAME		CONTACT NAME							
		D	ISTRIBUTO	R INFORMATION						
CTATE LICENICE #	044 0000004 110	.		DDIVEDIO NAME	-					
STATE LICENSE # BUSINESS NAME	C11-0000224-LIC			DRIVER'S NAME CA DRVR LIC #			odel Jardeleza 32636677			
BUSINESS NAME Oz Distribution, Inc BUSINESS ADDRESS 195 Harvey West I				VEHICLE MAKE	Ford					
CITY, STATE, ZIP CODE Santa Cruz, CA 95060				VEHICLE MODEL	Transit					
PHONE NUMBER (831) 600-7710		70002120		VEHICLE LIC. PLATE #		54269L2				
CONTACT NAME	Miguel Felix			ACTUAL DATE AND TIME OF ARRIVAL						
		Р	RODUCT SI	HIPPED DETAILS						
				THE SHADED COLUMNS BELO	W					
								UNIT	TOTAL	
					QTY Q	TY UNIT		RETAIL	RETAIL	
UID ITEM NAME					ORD R	EC'IDOST	TOTAL COST	VALUE	VALUE	
[CT00230] Summit Boys Caviar Crumble Pacific Sunset 1g					36	\$17.50	\$630.00			
[CT00129] Summit Boys Caviar Crumble Banjo 1g					36	\$17.50	\$630.00			
[CT00229] Summit Boys Caviar C		36	\$17.50	\$630.00						
[CT00215] Summit Boys Caviar Crumble Pac USA 1g					36	\$17.50				
[CT00130] Summit Boys Caviar Crumble Chem 4 1g					36 \$17.50		\$630.00			
Summit Boys Shelf Support					1	-\$87.50	-\$87.50			
				TREJECTION						
IF PRODUC	TS ARE REJECTED PL	EASE CIRCLE THE I	TEMS BEIN	G REJECTED IN THE PRODUCT	SHIPPE	D DETAILS S	SECTION ABO	VE		
REASON FOR RECECTION										
		200	DUOT DEOF	UDT CONFIDMATION						
				EIPT CONFIRMATION						
I confirm that the contents of thi I agree to take custody of all ite	-	-								
				tributor for return to the shipper as	indicated	I in this form	and all attache	d produc	t detail	
NAME OF PERSON RECEIVIN REJECTIONG PRODUCT	NAME OF PERSON RECEIVING AND/OR REJECTIONG PRODUCT				PHONE NUMBER					
SIGNATURE OF PERSON REC REJECTING PRODUCT	CEIVING AND/OR				DAT	E SIGNED				