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INVOICE/MANIFEST # SO7533 ACTUAL DATE AND TIME OF DEP/ ESTIMATED DATE AND TIME OF DEP/ ESTIMATED DATE AND TIME OF A SHIPPER INFORMATION STATE LICENSE # C11-0000224-LIC STATE LICENSE # TYPE OF LICENSE License STATE LICENSE # BUSINESS NAME OZ Distribution, Inc. TYPE OF LICENSE BUSINESS ADDRESS 195 Harvey West Bivd BUSINESS NAME CITY, STATE, ZIP CODE Santa Cruz, CA BUSINESS ADDRESS Q50602126 CITY, STATE, ZIP CODE PHONE NUMBER (831) 600-7710 PHONE NUMBER CONTACT NAME Miguel Felix CONTACT NAME DISTRIBUTOR INFORMATION STATE LICENSE # C11-0000224-LIC DRIVER'S NAME BUSINESS NAME OZ DISTRIBUTION, Inc. CA DRIVER'S NAME BUSINESS ADDRESS 195 Harvey West Bivd VEHICLE MAKE CITY, STATE, ZIP CODE Santa Cruz, CA 950602126 VEHICLE MODEL PHONE NUMBER (831) 600-7710 VEHICLE LIC. PLATE # CONTACT NAME Miguel Felix ACTUAL DATE AND TI	
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PRODUCT SHIPPED DETAILS	
RECEIVER COMPLETES ONLY THE SHADED COLUMN	NS BELOW
	UNIT TOTAL
	QTY QTY UNIT RETAIL RETAIL
UID ITEM NAME	ORD REC'IDOST TOTAL COST VALUE VALUE
[CT00150] The Oz Hybrid Crumble Cherry Vortex 1g	108 \$13.00 \$1,404.00
PRODUCT REJECTION	
IF PRODUCTS ARE REJECTED PLEASE CIRCLE THE ITEMS BEING REJECTED IN THE PR	RODUCT SHIPPED DETAILS SECTION ABOVE
REASON FOR RECECTION	
PRODUCT RECEIPT CONFIRMATION	
I confirm that the contents of this shipment match in weight and count as indicated above.	
I agree to take custody of all items as inicated received above - and which are not circled.	
The products circled abbove are rejected for delivery and remain in the custody of the distributor for return to the sh sheet(s).	nipper as indicated in this form and all attached product detail
NAME OF PERSON RECEIVING AND/OR REJECTIONG PRODUCT	PHONE NUMBER
SIGNATURE OF PERSON RECEIVING AND/OR REJECTING PRODUCT	