SALES INVOICE / SHIPPING MANIFEST

INVOICE/MANIFEST #	SO6832	ACTUAL DATE AND TIME OF DEPARTURE	09/10/2019 11:20 AM
ATTACHED PAGES	No	ESTIMATED DATE AND TIME OF ARRIVAL	

SHIPPER INFORMATION

STATE LICENSE #	C11-0000224-LIC
TYPE OF LICENSE	License
BUSINESS NAME	Oz Distribution, Inc.
BUSINESS ADDRESS	195 Harvey West Blvd
CITY, STATE, ZIP CODE	Santa Cruz, CA 950602126
PHONE NUMBER	(831) 600-7710
CONTACT NAME	Miguel Felix

RECEIVER INFORMATION

STATE LICENSE #	C10-0000053-LIC
STATE LICENSE2 #	
TYPE OF LICENSE	Retailer License
BUSINESS NAME	La Corona Wellness
BUSINESS ADDRESS	3326 Mission St.
CITY, STATE, ZIP CODE	San Francisco, CA 94110
PHONE NUMBER	415-926-5982
CONTACT NAME	

DISTRIBUTOR INFORMATION

STATE LICENSE #	C11-0000224-LIC	DRIVER'S NAME	Sebastien Briaire
BUSINESS NAME	Oz Distribution, Inc.	CA DRVR LIC #	D6681858
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 #	54269L2
CONTACT NAME	Miguel Felix	ACTUAL DATE AND TIME OF ARRIVAL	

PRODUCT SHIPPED DETAILS
RECEIVER COMPLETES ONLY THE SHADED COLUMNS BELOW

UID	ITEM NAME	QTY ORD	QTY REC'D	UNIT COST	TOTAL COST	UNIT RETAIL VALUE	TOTAL RETAIL VALUE
	S -Summit Boys Crumble Mango Brulee 1g	15		$0.01	$0.15		

PRODUCT REJECTION
IF PRODUCTS ARE REJECTED PLEASE CIRCLE THE ITEMS BEING REJECTED IN THE PRODUCT 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 shipper as indicated in this form and all attached product detail sheet(s).

NAME OF PERSON RECEIVING AND/OR REJECTIONG PRODUCT		PHONE NUMBER	
SIGNATURE OF PERSON RECEIVING AND/OR REJECTING PRODUCT		DATE SIGNED	