SALES INVOICE / SHIPPING MANIFEST

ACTUAL DATE AND TIME OF DEPARTURE 10/24/2019 04: ATTACHED PAGES No ESTIMATED DATE AND TIME OF ARRIVAL SHIPPER INFORMATION STATE LICENSE # C11-0000224-LIC STATE LICENSE # C10-000 TYPE OF LICENSE License STATE LICENSE # C10-000 BUSINESS NAME Oz Distribution, Inc. TYPE OF LICENSE Retailer BUSINESS ADDRESS 195 Harvey West Blvd BUSINESS NAME Ojai Gre CITY, STATE, ZIP CODE Santa Cruz, CA BUSINESS ADDRESS 410 brya 950602126 CITY, STATE, ZIP CODE Ojai, CA PHONE NUMBER (831) 600-7710 PHONE NUMBER 8059016 CONTACT NAME Miguel Felix CONTACT NAME DISTRIBUTOR INFORMATION STATE LICENSE # C11-0000224-LIC DRIVER'S NAME Angel Re BUSINESS ADDRESS 195 Harvey West Blvd VEHICLE MAKE Ford CITY, STATE, ZIP CODE Santa Cruz, CA 950602126 VEHICLE MAKE Ford CITY, STATE, ZIP CODE Santa Cruz, CA 950602126 VEHICLE MODEL Transit PHONE NUMBER (831) 600-7710 VEHICLE LIC. PLATE # 5426912	FORMATION 00047-LIC License ens ant circle 0	
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THOME NOTIFIE (001) 000-11 TO VEHICLE LIC. PLATE # 04209L2	<u> </u>	
CONTACT NAME Miguel Felix ACTUAL DATE AND TIME OF ARRIVAL		
PRODUCT SHIPPED DETAILS RECEIVER COMPLETES ONLY THE SHADED COLUMNS BELOW	UNIT	TOTAL
QTY QTY UN		L RETAIL
UID ITEM NAME ORD REC'IDO	ST TOTAL COST VALUE	VALUE
	\$0.01 \$0.02	
	\$0.01 \$0.02	
	\$0.01 \$0.02	
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	\$0.01 \$0.40	
PRODUCT REJECTION		
IF PRODUCTS ARE REJECTED PLEASE CIRCLE THE ITEMS BEING REJECTED IN THE PRODUCT SHIPPED DETA	AILS 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 sheet(s).	form and all attached produc	ct detail
NAME OF PERSON RECEIVING AND/OR REJECTIONG PRODUCT PHONE NUMBER		

REJECTING PRODUCT