SALES INVOICE / SHIPPING MANIFEST

ACTUAL DATE AND TIME OF DEPARTURE 08/28/2019 08:26 AM ATTACHED PAGES No ESTIMATED DATE AND TIME OF ARRIVAL SHIPPER INFORMATION SHIPPER INFORMATION STATE LICENSE # C11-0000224-LIC STATE LICENSE # A10-17-0000033-TEM TYPE OF LICENSE License STATE LICENSE # A10-17-0000033-TEM TYPE OF LICENSE STATE LICENSE # A10-17-0000033-TEM SUSINESS NAME Oz Distribution, Inc. TYPE OF LICENSE Retailer License BUSINESS ADDRESS 195 Harvey West Blvd BUSINESS NAME Revolution Emporium CITY, STATE, ZIP CODE Santa Cruz, CA BUSINESS ADDRESS 3081 N. State St. CITY, STATE, ZIP CODE Ukiah, CA 95482 PHONE NUMBER (831) 600-7710 PHONE NUMBER (707) 696-0666 CONTACT NAME Miguel Felix CONTACT NAME DISTRIBUTOR INFORMATION STATE LICENSE # C11-0000224-LIC DRIVER'S NAME Bradley Martinez BUSINESS ADDRESS 195 Harvey West Blvd VEHICLE MAKE Ford CITY, STATE, ZIP CODE Santa Cruz, CA 95060126 VEHICLE MAKE Ford CITY, STATE, ZIP CODE Santa Cruz, CA 95060126 VEHICLE MODEL Transit PHONE NUMBER (831) 600-7710 VEHICLE LIC. PLATE # 54269L2 CONTACT NAME Miguel Felix ACTUAL DATE AND TIME OF ARRIVAL		
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PRODUCT SHIPPED DETAILS RECEIVER COMPLETES ONLY THE SHADED COLUMNS BELOW		
	UNIT TOTAL	
QTY QTY UNIT	RETAIL RETAIL	
	COST VALUE VALUE	
	437.50	
	300.00	
	350.00 350.00	
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PRODUCT REJECTION		
IF PRODUCTS ARE REJECTED PLEASE CIRCLE THE ITEMS BEING REJECTED IN THE PRODUCT SHIPPED DETAILS SECTION	N 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 a sheet(s).	attached product detail	
NAME OF PERCON RECEIVING AND/OR		
NAME OF PERSON RECEIVING AND/OR REJECTIONG PRODUCT PHONE NUMBER		
SIGNATURE OF PERSON RECEIVING AND/OR REJECTING PRODUCT DATE SIGNED		