## SALES INVOICE / SHIPPING MANIFEST

STATE LICENSE # C11-0000224-LIC   STATE LICENSE # C10-000017-LIC				ALLS IIVO	ICL / B			, 1					
### SHIPPER INFORMATION    STATE LICENSE #	INVOICE/MANIFEST # SO7163 ACTU												
### C11-0000224-LIC	ATTACHE	D PAGES	No		ESTIMATE	D DATE AND TIME OF ARRIVA	AL						
TYPE OF LICENSE	SHIPPER INFORMATION					RECEIVER INFORMATION							
BUSINESS NAME	STATE LICENSE # C11-0000224-LIC			-LIC	STATE LICENSE #			C10-0000017-LIC					
BUSINESS ADDRESS  195 Harvey West Blvd  Santa Cruz, CA  BUSINESS ADDRESS  1051 41st Avenue  950602126  CITY, STATE, ZIP CODE  Santa Cruz, CA  950602126  CITY, STATE, ZIP CODE  Capitola, CA 950622  PHONE NUMBER  (831) 600-7710  PHONE NUMBER  CONTACT NAME  BUSINESS ADDRESS  1051 41st Avenue  CONTACT NAME  CONTACT NAME  DISTRIBUTOR INFORMATION  STATE LICENSE #  C11-0000224-LIC  DRIVER'S NAME  DRIVER'S NAME  PROBLE MAKE  Ford  CITY, STATE, ZIP CODE  Santa Cruz, CA 950602  VEHICLE MAKE  FORD  CITY, STATE, ZIP CODE  Santa Cruz, CA 950602  VEHICLE MAKE  FORD  CITY, STATE, ZIP CODE  Santa Cruz, CA 950602  VEHICLE MAKE  FORD  CITY, STATE, ZIP CODE  SATE CRUZ, CA 950602  SATE CRUZ, CA 950602  VEHICLE MAKE  FORD  CITY, STATE, ZIP CODE  SATE CRUZ, CA 950602  OTY CITY UNIT ORD RECIEDST  TOTAL COS  RECEIVER COMPLETES ONLY THE SHADED COLUMNS BELOW  OTY CITY UNIT ORD RECIEDST  TOTAL COS  RECEIVER COMPLETES ONLY THE SHADED COLUMNS BELOW  OTY CITY UNIT ORD RECIEDST  TOTAL COS  RECEIVER COMPLETES ONLY THE SHADED COLUMNS BELOW  OTY CITY UNIT ORD RECIEDST  TOTAL COS  SATE CRUZ, CAS 95062  OTHER													
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PRODUCT RECEIPT CONFIRMATION						PT 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 attach sheet(s).	I agree to The prod	o take custody ducts circled at	of all items as inicated recei	ved above - and which ar	re not circled.	ibutor for return to the shipper a	as indica	ated in t	his form	and all attache	d product	detail	
NAME OF PERSON RECEIVING AND/OR PHONE	NAMEC	JE DEDSON D	ECEIVING AND/OD				D	HONE					
	REJECTIONG PRODUCT					PHONE NI IMBED							
SIGNATURE OF PERSON RECEIVING AND/OR DATE SIGNED													

REJECTING PRODUCT