SALES INVOICE / SHIPPING MANIFEST

INVOICE/MANIFEST # SO7620		ACTUAL DATE AND TIME OF DEPARTURE	ACTUAL DATE AND TIME OF DEPARTURE 11/07/2019 03:48 PM				
ATTACHED PAGES No		ESTIMATED DATE AND TIME OF ARRIVAL	11/01/2013 00:401	141			
SHIPPER INFORMATION		RECE	RECEIVER INFORMATION				
STATE LICENSE #	C11-0000224-LIC	STATE LICENSE #	C10-0000281	C10-0000281-LIC			
TYPE OF LICENSE	License	STATE LICENSE2 #					
BUSINESS NAME	Oz Distribution, Inc.	TYPE OF LICENSE	Retailer Licer	Retailer License			
BUSINESS ADDRESS	195 Harvey West Blvd	BUSINESS NAME	Ketama	Ketama			
CITY, STATE, ZIP CODE Santa Cruz, CA 950602126		BUSINESS ADDRESS	14 Valencia St SAN FRANCISCO, CA 14 Valencia St				
		CITY, STATE, ZIP CODE					
PHONE NUMBER	(831) 600-7710	PHONE NUMBER +1 415-861-2451					
CONTACT NAME	Miguel Felix	CONTACT NAME					
		DISTRIBUTOR INFORMATION					
STATE LICENSE #	C11-0000224-LIC	DRIVER'S NAME	Rodel Jardeleza				
BUSINESS NAME	Oz Distribution, Inc.	CA DRVR LIC #	B82636677				
BUSINESS ADDRESS	195 Harvey West Blvd	VEHICLE MAKE	E Ford				
CITY, STATE, ZIP CODE Santa Cruz, CA 95060212		VEHICLE MODEL	Transit	Transit			
PHONE NUMBER	(831) 600-7710	VEHICLE LIC. PLATE #	54269L2				
CONTACT NAME	Miguel Felix	ACTUAL DATE AND TIME OF					
		ARRIVAL					
	RECEIVER	PRODUCT SHIPPED DETAILS COMPLETES ONLY THE SHADED COLUMNS BELOV	W				
	RECEIVER	COMITETES ONE! THE SHADED COLUMNO BELOV	VV				
UID ITEM NAME			QTY QTY UNIT	TOTAL COST		TOTAL RETAIL VALUE	
[FL00584] Kanebes Indica Flower Strawberry Cheesecake 3.5g			32 \$12.00				
[FL00583] Kanebes Indica Flower Blackberry Fire 3.5g			32 \$12.00				
-	, g						
		PRODUCT REJECTION					
IF PRO	ODUCTS ARE REJECTED PLEASE CIRCL	E THE ITEMS BEING REJECTED IN THE PRODUCT	SHIPPED DETAILS	SECTION ABO	VE		
REASON FOR RECECTI	ON						
		DRODUCT DECEIDT CONFIDMATION					
Loonfirm that the contents	s of this shipment match in weight and count	PRODUCT RECEIPT CONFIRMATION					
	all items as inicated received above - and w						
		ne custody of the distributor for return to the shipper as i	indicated in this form	and all attache	d produc	t detail	
NAME OF PERSON REC			PHONE NUMBER				
SIGNATURE OF PERSON RECEIVING AND/OR REJECTING PRODUCT			DATE SIGNED				