SALES INVOICE / SHIPPING MANIFEST

INVOICE/MANIFEST #	SO7891	ACTUAL DATE AND TIME OF DEPARTURE	11/21/2019 03:30 PM
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 #	C10-0000490-LIC
STATE LICENSE2 #	
TYPE OF LICENSE	Retailer License
BUSINESS NAME	Medithrive
BUSINESS ADDRESS	1933 Mission st
CITY, STATE, ZIP CODE	San Francisco, CA 94103
PHONE NUMBER	(415) 562-6334
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	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
[CT00115]	Summit Boys Caviar Sugar Cali Girl 1g	24		$20.00	$480.00		
[CT00125]	Summit Boys Live Resin Caviar Sundae Driver 1g	24		$20.00	$480.00		
[CT00129]	Summit Boys Caviar Crumble Banjo 1g	36		$15.00	$540.00		
[CT00234]	Summit Boys Caviar Crumble Miss USA 1g	36		$15.00	$540.00		
	Summit Boys Shelf Support	1		-$45.00	-$45.00		

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	