SALES INVOICE / SHIPPING MANIFEST

	5711	ED II VO				. 1					
			ACTUAL DATE AND TIME OF DEPARTURE 11/21/2019 03:31 PM ESTIMATED DATE AND TIME OF ARRIVAL								
SHIPPER INFORMATION				RECEIVER INFORMATION							
STATE LICENSE # C11-0000224-LIC				STATE LICENSE #		C10-	0000117	-LIC			
TYPE OF LICENSE	License			STATE LICENSE2#							
BUSINESS NAME	NAME Oz Distribution, Inc.			TYPE OF LICENSE		Retailer License					
BUSINESS ADDRESS	SINESS ADDRESS 195 Harvey West Blvd			BUSINESS NAME		White Fire					
CITY, STATE, ZIP CODE Santa Cruz, CA 950602126				BUSINESS ADDRESS		111 Old Tully Road					
				CITY, STATE, ZIP CODE		San Jose, CA 95111					
PHONE NUMBER (831) 600-7710			PHONE NUMBER			510.904.8236					
CONTACT NAME			CONTACT NAME								
		С	DISTRIBUTO	R INFORMATION							
OTATE 10ENOE #	044.000004110			DDIVEDIO MANE		. .					
STATE LICENSE #	C11-0000224-LIC			DRIVER'S NAME		Rodel Jardeleza					
BUSINESS NAME	Oz Distribution, Inc 195 Harvey West B			CA DRVR LIC #		B82636677 Ford					
				VEHICLE MAKE VEHICLE MODEL	Transit						
CITY, STATE, ZIP CODE PHONE NUMBER	Santa Cruz, CA 950 (831) 600-7710	0002120		VEHICLE MODEL VEHICLE LIC. PLATE #		5426					
CONTACT NAME	Miguel Felix			ACTUAL DATE AND TIME OF							
OONTACT NAME	IVIIGUELT EIIX			ARRIVAL	•						
				HIPPED DETAILS							
		RECEIVER COMPL	LETES ONLY	THE SHADED COLUMNS BEL	LOW						
									UNIT	TOTAL	
						QTY		TOTAL 000T		RETAIL	
UID ITEM NAME				C				TOTAL COST		VALUE	
[CT00234] Summit Boys Caviar Crumble Miss USA 1g					24		\$16.00	\$384.00			
[CT00129] Summit Boys Caviar Crumble Banjo 1g [CT00214] Summit Boys Caviar Crumble Pac Glue 1g					24		\$16.00	\$384.00			
[C100214] Summit Boys Ca		12	2	\$16.00	\$192.00						
			PRODUCT	T REJECTION							
IF PR	ODUCTS ARE REJECTED PLE	ASE CIRCLE THE	ITEMS BEIN	G REJECTED IN THE PRODUC	CT SHIPE	PED D	ETAILS S	SECTION ABO	VE		
REASON FOR RECECT	ION										
Loonfirm that the contents	o of this chinmont motals in woig			IPT CONFIRMATION							
	s of this shipment match in weig f all items as inicated received a										
	ove are rejected for delivery and			ributor for return to the shipper a	as indicat	ted in	this form	and all attache	d produc	t detail	
NAME OF PERSON RECEIVING AND/OR				PHONE							
REJECTIONG PRODUCT			NUMBER								
SIGNATURE OF PERSO	N RECEIVING AND/OR				D	ATE S	IGNED				
REJECTING PRODUCT											