SALES INVOICE / SHIPPING MANIFEST

					· -						
					ACTUAL DATE AND TIME OF DEPARTURE 12/03/2019 05:14 PM						
ATTACHED PAGES No				ESTIMATED DATE AND TIME OF ARRIVAL							
	01.115		A TION!		DEOF	-I) /E D	INIEOE	D. 4.4. T. O.			
SHIPPER INFORMATION					RECEIVER INFORMATION						
STATE LICENSE # C11-0000224-LIC				STATE LICENSE #	C1	C10-0000230-LIC					
TYPE OF LICENSE License				STATE LICENSE2 #							
BUSINESS NAME Oz Distribution, Inc.			nc.	TYPE OF LICENSE		Retailer License					
BUSINESS ADDRESS 195 Harvey West Blvd			t Blvd		BUSINESS NAME	Co	onnected Sa	inta Ana			
CITY, STATE, ZIP CODE Santa Cruz, CA					BUSINESS ADDRESS	24	100 Pullman	St			
950602126				CITY, STATE, ZIP CODE		Sa	anta Ana, CA	A 92705			
PHONE NUMBER (831) 600-7710				PHONE NUMBER		+1 657-229-4464					
CONTACT NAME Miguel Felix			CONTACT NAME								
			D	ISTRIBUTOF	RINFORMATION						
STATE LI	CENSE #	C11-0000224-LI0	2		DRIVER'S NAME		lan John Sternberger				
BUSINESS NAME		Oz Distribution, In	Oz Distribution, Inc.		CA DRVR LIC #		B9920672				
BUSINESS ADDRESS 195		195 Harvey West	West Blvd		VEHICLE MAKE		Ford				
CITY, STATE, ZIP CODE San		Santa Cruz, CA 9	950602126		VEHICLE MODEL		Transit				
PHONE NUMBER (83		(831) 600-7710			VEHICLE LIC. PLATE #		269L2				
CONTACT NAME Miguel Felix				ACTUAL DATE AND TIME OF ARRIVAL							
					IIPPED DETAILS THE SHADED COLUMNS BELOV	W			UNIT	TOTAL	
						QTY QT			RETAIL	RETAIL	
UID ITEM NAME								TOTAL COST		VALUE	
[CT00229] Summit Boys Caviar Crumble Forbidden Sunset 1g						24	\$16.00				
[CT00214] Summit Boys Caviar Crumble Pac Glue 1g						24	\$16.00				
[CT00234] Summit Boys Caviar Crumble Miss USA 1g						24	\$16.00				
[CT00129] Summit Boys Caviar Crumble Banjo 1g [CT00130] Summit Boys Caviar Crumble Chem 4 1g						24 \$16.00 24 \$16.00					
[CT00130] Summit Boys Cavial Clumble Cheff 4 1g					0 \$12.5			\$384.00 \$0.00			
	IF PRODUC	CTS ARE REJECTED P	LEASE CIRCLE THE I		REJECTION REJECTED IN THE PRODUCT S	SHIPPED	DETAILS S	SECTION ABO	VE		
REASO	N FOR RECECTION										
			PROI	DUCT RECEI	PT CONFIRMATION						
I confirm	that the contents of th	nis shipment match in we	eight and count as indic	cated above.							
_	ducts circled abbove a	ems as inicated received re rejected for delivery a			ributor for return to the shipper as i	indicated i	in this form	and all attached	d product	t detail	
(-)											
NAME OF PERSON RECEIVING AND/OR REJECTIONG PRODUCT						PHONE NUMBER					
SIGNATURE OF PERSON RECEIVING AND/OR REJECTING PRODUCT						DATE	SIGNED				