SALES INVOICE / SHIPPING MANIFEST

		SALL	9 II 1 0 I	ICE / S	HIPPING MAIN.	II.ES) 1						
INVOICE/MANIFEST # SO6834			ACTUAL DATE AND TIME OF DEPARTURE 09/10/2019 03:49 PM										
ATTACHED PAGES No ES				ESTIMATE	STIMATED DATE AND TIME OF ARRIVAL								
SHIPPER INFORMATION					RECEIVER INFORMATION								
STATE LICENSE # C11-0000224-LIC			,		STATE LICENSE #		C12-0000091-LIC						
TYPE OF LICENSE License					STATE LICENSE2#								
BUSINESS NAME Oz Distribution, Inc.			TYPE OF LICENSE		TYPE OF LICENSE		Retailer License						
BUSINESS ADDRESS 195 Harvey West B			Blvd Bl		BUSINESS NAME		Outliers collective						
CITY, STATE, ZIP CODE Santa Cruz, CA 950602126		Santa Cruz, CA			BUSINESS ADDRESS		8157 Wing Ave.						
					CITY, STATE, ZIP CODE		El Cajon , CA 92020						
		(831) 600-7710			PHONE NUMBER		6194484420						
CONTACT NAME Miguel Felix			CONTACT NAME										
			D	ISTRIBUTOR	RINFORMATION								
STATE LICENSE # C11-0000224-LIC		C11-0000224-LIC			DRIVER'S NAME			Brandon Sumandal					
		Oz Distribution, Inc.			CA DRVR LIC #		D1309712						
		195 Harvey West Blvd			VEHICLE MAKE		Ford						
		Santa Cruz, CA 950602			VEHICLE MODEL	Transit							
		(831) 600-7710			VEHICLE LIC. PLATE #								
		Miguel Felix			ACTUAL DATE AND TIME OF								
					ARRIVAL								
			D	DODI ICT SH	IPPED DETAILS								
		RFC			THE SHADED COLUMNS BEL	OW							
						-0							
										UNIT	TOTAL		
								UNIT			RETAIL		
JID ITEM NAME								TOTAL COST		VALUE			
Summit Boys Caviar Crumble Banjo Glue 1g					10		\$16.00	\$160.00					
Summit Boys Refined Crumble True OG 1g)	\$16.00					
	Summit Boys Caviar Cr	umble Sherbert 1g				10)	\$16.00	\$160.00				
				PRODUCT	REJECTION								
	IF PRODUCT	S ARE REJECTED PLEASE	CIRCLE THE I	TEMS BEING	REJECTED IN THE PRODUC	CT SHIPE	PED D	ETAILS S	SECTION ABO	VE			
REAS	ON FOR RECECTION												
			PR∩ſ	OLICT RECEI	PT CONFIRMATION								
I confi	rm that the contents of this	shipment match in weight an			T T GOTAL HAWKITTOIN								
I agree	e to take custody of all item roducts circled abbove are	ns as inicated received above	e - and which are	e not circled.	ibutor for return to the shipper a	as indicat	ted in	this form	and all attache	d produc	t detail		
NAME	OF PERSON RECEIVING	2 AND/OR				DI	-IONIE	<u> </u>					
REJECTIONG PRODUCT					PHONE NUMBER								
SIGNATURE OF PERSON RECEIVING AND/OR REJECTING PRODUCT					DATE SIGNED								