SALES INVOICE / SHIPPING MANIFEST

INVOICE/MANIFEST # SO7580				ACTUAL DATE AND TIME OF DEPARTURE 11/07/2019 03:55 PM									
ATTACHED PAGES No				ESTIMATED DATE AND TIME OF ARRIVAL									
SHIPPER INFORMATION				RECEIVER INFORMATION									
STATE LICENSE # C11-0000224-LIC						: #	C10-0000017-LIC						
	TYPE OF LICENSE License		STATE LICENSE2 #			010 0000017 210							
BUSINESS NAME Oz Distribution, Ir						Retailer License							
BUSINESS ADDRESS 195 Harvey West Blvd					BUSINESS NAME			Herbal Cruz					
CITY, STATE, ZIP CODE Santa Cruz, CA			Diva	BUSINESS ADDRESS			1051 41st Avenue						
950602126			CITY, STATE, ZIP CODE			Capitola, CA 95062							
PHONE NUMBER (831) 600-7710					PHONE NUMBER 831.212.13								
CONTACT NAME Miguel Felix					CONTACT NAME			031.212.1722					
001117101	TV (IVIE	Wilguer T Clix			CONTACT NAME	-							
				DISTRIBUTO	R INFORMATION								
STATE LICENSE # C11-0000224-LI			2		DRIVER'S NAME			Karl Jacobson					
BUSINESS NAME		Oz Distribution, li			CA DRVR LIC #			G69L2K					
BUSINESS ADDRESS		195 Harvey West			VEHICLE MAKE			Ford					
CITY, STATE, ZIP CODE		-			VEHICLE MODEL			Transit					
PHONE NUMBER		(831) 600-7710			VEHICLE LIC. PLATE #			54269L2					
CONTACT	NAME	Miguel Felix			ACTUAL DATE AND TIME OF								
		, 0			ARRIVAL								
			RECEIVER CO		HIPPED DETAILS Y THE SHADED CO	LUMNS BELO	W						
UID	ITEM NAME								UNIT	TOTAL COST		TOTAL RETAIL VALUE	
CT00214] Summit Boys Caviar Crumble Pac Glue 1g					24				\$16.00	\$384.00			
[CT00215] Summit Boys Caviar Crumble Pac USA 1g								1	\$16.00	\$384.00			
CT00216] Summit Boys Caviar Gorilla Glue 1g					:				\$16.00	\$384.00			
				PRODUC	T REJECTION								
	IF P	PRODUCTS ARE REJECTED P	LEASE CIRCLE T	HE ITEMS BEIN	IG REJECTED IN TI	HE PRODUCT	SHIPE	PED D	ETAILS S	SECTION ABO	VE		
REASON	FOR RECEC	CTION											
			P	PRODUCT RECE	EIPT CONFIRMATIO	DN							
I confirm	that the conte	ents of this shipment match in we											
0	,	of all items as inicated received obove are rejected for delivery a				the shipper as	indica	ted in	this form	and all attache	d product	t detail	
NAME O	F PERSON R	ECEIVING AND/OR		PHONE									
REJECTIONG PRODUCT					NUMBER								
	JRE OF PERS	SON RECEIVING AND/OR			DATE SIGNED								