

SALES INVOICE/ SHIPPING MANIFEST

PLEASE USE PERMANENT INK FOR ALL ITEMS

| | | | |
|---------------------------------|------------|-----------|-----------------------------|
| INVOICE/MANIFEST NUMBER: | | | |
| ATTACHED PAGE(S)? | YES | NO | # OF ATTACHED PAGES: |

| | | | | | |
|--|-----|--|--|-----------|-----------|
| ACTUAL DATE AND TIME OF DEPARTURE: | / / | | | AM | PM |
| ESTIMATED DATE AND TIME OF ARRIVAL: | / / | | | AM | PM |

| SHIPPER INFORMATION | |
|-----------------------|--|
| STATE LICENSE # | |
| TYPE OF LICENSE | |
| BUSINESS NAME | |
| BUSINESS ADDRESS | |
| CITY, STATE, ZIP CODE | |
| PHONE NUMBER | |
| CONTACT NAME | |

| RECEIVER INFORMATION | |
|-----------------------|--|
| STATE LICENSE # | |
| TYPE OF LICENSE | |
| BUSINESS NAME | |
| DELIVERY ADDRESS | |
| CITY, STATE, ZIP CODE | |
| PHONE NUMBER | |
| CONTACT NAME | |

| DISTRIBUTOR INFORMATION | | | |
|-------------------------|--|---------------------------------|-----------|
| STATE LICENSE # | | DRIVER'S NAME | |
| BUSINESS NAME | | CA DRIVER'S LICENSE# | |
| STREET ADDRESS | | VEHICLE MAKE | |
| CITY, STATE, ZIP | | VEHICLE MODEL | |
| PHONE NUMBER | | VEHICLE LIC. PLATE # | |
| CONTACT NAME | | ACTUAL DATE AND TIME OF ARRIVAL | / / |
| | | | AM |
| | | | PM |

| PRODUCT SHIPPED DETAILS | | | | | | | |
|---|---|----------------|--------------|--------------|---------------|-------------------------|-----------------------|
| SHIPPER COMPLETES ALL THE UNSHADED COLUMNS BELOW. RECEIVER COMPLETES <u>ONLY</u> THE SHADED COLUMNS BELOW | | | | | | | |
| (Please attach additional pages, if needed) | | | | | | | |
| UID TAG NUMBER (IF APPLICABLE) | ITEM NAME AND PRODUCT DESCRIPTION (INCLUDE WEIGHT OR COUNT) | QTY ORDERED | QTY REC'D | UNIT COST | TOTAL COST | RETAIL ONLY | |
| | | | | | | UNIT RETAIL VALUE | TOTAL RETAIL VALUE |
| | | | | | | | |
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| PRODUCT REJECTION | |
|--|--|
| <i>IF PRODUCTS ARE REJECTED, PLEASE CIRCLE THE ITEMS BEING REJECTED IN THE PRODUCT SHIPPED DETAILS SECTION ABOVE</i> | |
| REASON FOR REJECTION: | |

| PRODUCT RECEIPT CONFIRMATION | | | |
|--|--|---------------|--|
| <p>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 INDICATED RECEIVED ABOVE – AND WHICH ARE NOT CIRCLED. THE PRODUCTS CIRCLED ABOVE ARE REJECTED FOR DELIVERY AND REMAIN IN THE CUSTODY OF THE DISTRIBUTOR FOR RETURN TO THE SHIPPER AS INDICATED ON THIS FORM AND ALL ATTACHED PRODUCT DETAILS SHEET(S).</p> | | | |
| NAME OF PERSON RECEIVING AND/OR REJECTING PRODUCT: | | PHONE NUMBER: | |
| SIGNATURE OF PERSON RECEIVING AND/OR REJECTING PRODUCT: | | DATE SIGNED: | |

