

Your Vat No. : 4520173958

ATT: CYNTHIALD
TOPS @ GRASKOP (80337)
cnr RICHARDSON & CHURCH STREET
GRASKOP

SPAR LOWVELD
P O BOX 33
NELSPRUIT
1200
071 609 2667 GUS
PLEASE PUT STORE STAMP ON INVOICE

TOP029 TRADERSDAY HW 80824892 JW 24/05/24 80192459

GELSTAPP275ML	5.000GELSTON APPLE SPRITZ	378.26	7.50	1749.45-
GELSTSOD275ML	5.000GELSTON LIME & SODA	378.26	7.50	1749.45-
	1832803 - not scanning			

10.000-

3498.90-
524.84-
4023.74-

TERMS : 30 Days

HALEWOOD

SOUTH AFRICA

Halewood International South Africa (Pty) Ltd t/a Halewood South Africa
Company Registration number 1998/001887/07
www.halewood.co.za

61 TORONTO STREET TEL: +27 11 746 4200
APEX EXTENSION 1 FAX: +27 11 422 5888
BENONI 1501

VAT Reg No : 4590177624

PO BOX 2132
BENONI 1500
SOUTH AFRICA

BANKING DETAILS:
FIRST NATIONAL BANK
A/C NO: 62889748368
BRANCH CODE: 240129
REFERENCE: SPA008

Page 1 of 1

Printed on: 20/05/2024
at: 8:23.53

MANUFACTURING & DISTRIBUTION LICENCE: RG000275

INVOICE TO: SPAR - LOWVELD
ATT: CYNTHIA
SPAR LOWVELD
P O BOX 33
NELSPRUIT
1200

DELIVER TO: TOPS @ GRASKOP (80337)
cnr RICHARDSON & CHURCH STREET
GRASKOP

***PLEASE PUT STORE STAMP ON
INVOICE***

Shipping Instructions:



1832803
Tax Invoice

CUST ACC	CUSTOMER REF	STORE NO.	BR	OUR REF	REP	ORD DATE	INV DATE	TERMS	GA	CUST VAT NUM
TOP029	TRADERSDAY	80337	HW	1911938	JW	17/05/24	20/05/24	30 Days	NP	4520173958

Stock Code	Description	Pack	Cases	Bottles	Wh	Unit Price	Line Value
GELSTAPP275ML	GELSTON APPLE SPRITZ	CS	5	0	HW	349.89	1,749.45
GELSTSOD275ML	GELSTON LIME & SODA	CS	5	0	HW	349.89	1,749.45
Stock Returns Problems with Scanning Barcode HALEWOOD 80824892							

PAYMENT TERMS STRICTLY C.O.D. UNLESS CREDIT TERMS HAVE BEEN ARRANGED IN WRITING

0 10 0

Dear customer, kindly forward a copy of your latest liquor licence to license.renewal@halewood.co.za.
Alternately issue a copy to the Halewood sales representative.

SUB-TOTAL	ZAR	3,498.90
VAT	ZAR	524.84
TOTAL	ZAR	4,023.74

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ATT: CYNTHIA
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P O BOX 33
NELSPRUIT
1200

DELIVER TO: TOPS @ GRASKOP (80337)
cnr RICHARDSON & CHURCH STREET
GRASKOP

***PLEASE PUT STORE STAMP ON
INVOICE***

Shipping Instructions:



1832803
Supplier Copy
Tax Invoice

CUST ACC	CUSTOMER REF	STORE NO.	BR	OUR REF	REP	ORD DATE	INV DATE	TERMS	GA	CUST VAT NUM
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HALEWOOD							

PAYMENT TERMS STRICTLY C .O.D. UNLESS CREDIT TERMS HAVE BEEN ARRANGED IN WRITING

0 10 0

TRANSPORTATION:
PLEASE RECEIVE ABOVE GOODS IN GOOD ORDER & CONDITION
Any discrepancy between goods received and those detailed in this Waybill should be immediately notified.
No responsibility accepted for goods signed for unchecked
No goods may be returned unless prior arrangements are made in writing
Returns are subject to a 10% handling charge
Commercial quality equipment is not to be used for lifting applications

VEHICLE REGISTRATION No: PRINT NAME:

SIGNATURE

DATE

CUSTOMER:
PLEASE RECEIVE ABOVE GOODS IN GOOD ORDER & CONDITION
Any discrepancy between goods received and those detailed in this Waybill should be immediately notified.
No responsibility accepted for goods signed for unchecked
No goods may be returned unless prior arrangements are made in writing
Returns are subject to a 10% handling charge
Commercial quality equipment is not to be used for lifting applications

PRINT NAME:

SIGNATURE

DATE

SUB-TOTAL	ZAR	3,498.90
VAT	ZAR	524.84
TOTAL	ZAR	4,023.74

Kirk Distribution

013 758 2285

Werner@kirkgroup.co.za

KIRK LOGISTICS NELSPRUIT

REQUEST FOR CREDIT - CR80758 2024-05-24 09:34:26

LOAD SHEET Reference - LSID , DATE Delivered -

Reg. No.	Truck Description	Load Capacity	Driver Name	Dispatcher	Checker
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Reason for Credit:	Customer Not Scanning	Customer Name: Tops Graskop	63007
Brief Description of Credit:			

Principal Customer Code: TOP029

Doc. Date: 2024-05-20 Doc. Ref: H001832803 GRV: S Credit Type: Credit Invoice Amt: R 4023.74

Stock Code	Stock Description	Unit	Packsize	Reason Code	Reason	Batch	QTY
HGELSTAPPZ75M	GELSTON APPLE SPRITZ	CS		CN	Customer Not Scan		5
HGELSTSODZ75M	GELSTON LIME & SODA	CS		CN	Customer Not Scan		5
Total Number of Items to be credited on Document Ref: H001832803 (2 Product Type)							10

Authorized by: _____
[date]