

BLUE SKY BRAND COMPANY (PTY) LTD

27 Bright Street Somerset West 7130
VAT Reg No: 4810259673 , Co Reg No: 2011/008513/07 , Liquor Reg: RG0003999

Company Contact Details

Sales CPT : 021 201 1049
Email: Orders@blueskybrands.co.za

Customer Details:

PO Box 538
63004 Tops at Malelane
White River
Mpumalanga

30 Days

Tax Invoice

Date 20/03/2024
Document No: INV00248406

Deliver To: 63004 Tops at Malelane
National Park Liquor Stores Pty Ltd
Inkwazi Centre
Air Street
Malelane

1240

Account Your PO Number

TL0013

69413

Tax Reference

4320156120

Sales Code

TEL2

Item Code	Store	Item Description	Quantity	Price (Ex)	Disc %	Total (Excl)	Tax	Total (Incl)
25001	NLS	Honor VS Cognac 750ml	12.00	396.50		4 758.00	713.70	5 471.70
25003	NLS	Honor VS Select Reserve	6.00	443.44		2 660.64	399.10	3 059.74
37001	NLS	Royal Flush Gin	18.00	214.74		3 865.32	579.80	4 445.12
37004	NLS	Royal Flush Luxe Amber Gin	12.00	214.74		2 576.88	386.53	2 963.41
39001	NLS	Victoria Pink Gin	3.00	258.66		775.98	116.40	892.38

Tops at Malelane
Tel: 013 790 0157
Fax: 013 790 0179

PLEASE NOTE THAT SETTLEMENT DISCOUNT IS ALREADY CALCULATED ON INVOICE

Payment is due strictly according to your payment terms with Blue Sky Brand Company (Pty) Ltd.

Please keep this invoice to return any merchandise within 60 days.

Goods must be returned in a saleable condition.

Ownership is not transferred until amount due is paid.

SubTotal	14 636.82
Discount @ 0 %	0.00
Total (Excl)	14 636.82
Tax	2 195.53
NET Total ZAR (Incl)	16 832.35

PLEASE USE YOUR ACCOUNT NUMBER AS THE REFERENCE WHEN MAKING PAYMENT

Received in good order

Signed _____ Date _____

Print Name _____

Banking Details
BLUE SKY BRAND COMPANY (PTY) LTD
FNB (First National Bank)
Account Number: 63050361583
Branch Code: 250655

NATIONAL PARK LIQUOR STORES (PTY) LTD
t/a TOPS MALALANE
PO BOX 280 MALALANE 1320, TEL: (013) 790 0157 FAX: (013) 790 0179

GOODS RECEIPT **37753**

Received from Supplier:.....

Blue Sky Brand

Supplier Invoice No: 00848406

Courier Details: PWR

Date: 26/03/2024

Goods Received By (Print Name) V. P. P. P.

Signature: [Signature]

Document Amount (in Rands) R 16 832.35

Claim --AV Number:..... Claim Amount:.....

CONTENTS NOT CHECKED

IF PAID		
CHEQUE No.:		
AMOUNT		
DATE		

MINUTEMAN PRESS Tel: 013 752 2523