

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 28/03/2024

Document No: INV00249162

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

1240

Account Your PO Number

TL0013

69542

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
37001	NLS	Royal Flush Gin	12.00	214.74		2 576.88	386.53	2 963.41
37004	NLS	Royal Flush Luxe Amber Gin	12.00	214.74		2 576.88	386.53	2 963.41
45001	NLS	Billiato	12.00	258.66		3 103.92	465.59	3 569.51

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

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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		13 015.68
Discount @	0 %	0.00
Total (Excl)		13 015.68
Tax		1 952.35
NET Total ZAR (Incl)		14 968.03

PLEASE USE YOUR ACCOUNT NUMBER AS THE REFERENCE WHEN MAKING PAYMENT

Received in good order

Signed  Date 02/04/2024

Print Name R. Anole

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

37845

Received from Supplier:

Blue Sky Band

Supplier Invoice No.:

00249162

Courier Details:

22

Date:

02/04/2020

Goods Received
By (Print Name).

2000

Signature:

Document Amount
(in Rands).....

14 968.03

Claim --AN Number:..... Claim Amount:.....

Claim Amount:.....

Number,
CONTENTS NOT CHECKED

IF PAID	
CHEQUE No.:	
AMOUNT	
DATE	

752 2523