

TAX INVOICE



Customer Tops at Courtside 80769 DS
VAT No. 4240275307
Liquor License No. 9-2-1-03069
Bill to Cust No. SPA004
Sell to Cust No. SPA4 80769
Delivery Address: Tops at Courtside 80769 DS
My Jacobs (Pty) Ltd
Nelspruit
Tarentaal Centre HI
N4 & Kaapschenhoop Road
NELSPRUIT EXT, Mpumalanga 1200
Contact Name Tanya Knight
Contact No. +27 13 590 5630

Page 1 of 1
Meridian Wine Distribution (Pty) Ltd
17 Spartan Crescent
Eastgate Extension
Marlboro, 2090
Phone No. (011) 531 4700
VAT Reg No. 4520181753
Liquor License No. RG0005535
Company Reg No. 1999/001626/07

Your Reference

Invoice No.	PSI1003726	Posting Date	07/11/2023	Payment Terms	15 Days from Statement
SO No.	SO1097312	Due Date	15/12/2023	Promised Delivery Date	09/11/2023

Code	Description	Quantity	Unit of Measure	Unit Price Excl. VAT	Discount %	Total Excl. VAT
CRAFT LIQUOR MERCHANTS						
ESMFTPF	FT'S Passion Fruit Liq	1	06 x 750ml	641.70		641.70
ESMGSOR	Gin Society Original	1	06 x 750ml	876.48		876.48
ESMSAEXL	Sadko Exclusive Vodka	1	06 x 750ml	832.62		832.62
INCMACBRDG	Brooks Hard Seltzer Dragon Granadilla	5	24 x 300ml	336.00		1,680.00
INCSLOR	Scottish Leader Original 750ml	1	12 x 750ml	2,243.40		2,243.40

Craft Liquor Merchants Total **6,274.20**

Total ZAR Excl. VAT **6,274.20**

15% VAT 941.13

Total ZAR Incl. VAT **7,215.33**

Thanks for your business.

TOPS AT COURTSIDE
STORE CODE: 80769
GOODS RECEIVED
GRV NUMBER: 6940
RECEIVED BY: Tsero
DATE: 08/11/2023
CLAIM NUMBER:
VERIFIED:

BANKING DETAILS

Acc Name: Meridian Wine Distribution (Pty) Ltd
Bank Name: First National Bank

Branch: 250 655
Acc No: 62 204 833 744

Swift: FIRNZAJJ



Call Us

0861 113 959



Email Us

orders@groupmeridian.co.za



Customer Service

query@groupmeridian.co.za

MY JACOBS (PTY) LTD t/a
Reg No: 2016/377030/07

tops! COURTSIDE

GOODS RECEIPT

6940

Received from Supplier: **MURIDIAN WINE**

Supplier Invoice No.: **PS11003726**

Courier Details:

Date: **08/11/2023**

Goods Received By (Print Name): **TS-60**

Signature: **TS-60**

Document Amount
(in Rands) **R7 215.33**

Claim --AV Number: Claim Amount:

CONTENTS NOT CHECKED

IF PAID	
CHEQUE No.:	
AMOUNT	
DATE	

FreePhone 0800 123 456 789