

TAX INVOICE COPY



Page 1 of 1

Customer **Tops Malelane 63004 DS**
VAT No. 4320156120
Liquor License No. 9-2-1-01823
Bill to Cust No. SPA004
Sell to Cust No. SPA4 63004
Delivery Address: Tops Malelane 63004 DS
 The Spar Group Ltd
 Malelane
 Inkwazi Centre
 Air Street
 Malelane, 1320

Contact Name Lex Hollman
Contact No. +27 13 793 8336

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 - 70512

Invoice No.	PSI1080747	Posting Date	03/06/2024	Payment Terms	15 Days from Statement
SO No.	SOI184482	Due Date	15/07/2024	Promised Delivery Date	04/06/2024

Code	Description	Quantity	Unit of Measure	Unit Price Excl. VAT	Discount %	Total Excl. VAT
------	-------------	----------	-----------------	----------------------	------------	-----------------

CRAFT LIQUOR MERCHANTS

INCMACBRDG	Brooks Hard Seltzer Dragon Granadilla	5	24 x 300ml	360.00		1,800.00
INCMACBRSK	Brooks Hard Seltzer Strawberry Kiwi	4	24 x 300ml	360.00		1,440.00
INCMACBRWA	Brooks Hard Seltzer Watermelon	2	24 x 300ml	360.00		720.00

Craft Liquor Merchants Total **3,960.00**

Total ZAR Excl. VAT **3,960.00**

15% VAT 594.00

Total ZAR Incl. VAT **4,554.00**

MAF 7171

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

Thanks for your business.

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

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

38487

Received from Supplier:.....

MERIDIAN WINE DISTRIBUTION

Supplier Invoice No.:.....

1080747

Courier Details:.....

OWN

Date:.....

04/06/2024

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

M. MALALA

Signature:.....

[Signature]

Document Amount
(in Rands).....

R 4 554.00

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

CONTENTS NOT CHECKED

IF PAID	
CHEQUE No.:	
AMOUNT	
DATE	