

TAX INVOICE COPY



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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 - PO71377

Invoice No.	PSI1104494	Posting Date	05/08/2024	Payment Terms	15 Days from Statement
SO No.	SO1210063	Due Date	15/09/2024	Promised Delivery Date	06/08/2024

Code	Description	Quantity	Unit of Measure	Unit Price Excl. VAT	Discount %	Total Excl. VAT
CRAFT LIQUOR MERCHANTS						
ESMCOGRE	ESM Grenadine Cordial	1	12 x 750ml	487.32		487.32
ESMMAL	Malva Pudding	4	1 x 750ml	99.82	18.63	324.88
INCMACBRDG	Brooks Hard Seltzer Dragon Granadilla	2	24 x 300ml	360.00	5.60	679.68
INCMACBRSK	Brooks Hard Seltzer Strawberry Kiwi	1	24 x 300ml	360.00	5.60	339.84
INCSLOR	Scottish Leader Original 750ml	1	12 x 750ml	2,483.40	2.44	2,422.92
Craft Liquor Merchants Total						4,254.64
Total ZAR Excl. VAT						4,254.64
15% VAT						638.20
Total ZAR Incl. VAT						4,892.84

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

Nicholas
NBS
5672922

Thanks for your business.

BANKING DETAILS

Acc Name: Meridian Wine Distribution (Pty) Ltd	Branch: 250 655	Swift: FIRNZAJJ
Bank Name: First National Bank	Acc No: 62 204 833 744	



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
EMAIL: tops@edlex.co.za

GOODS RECEIPT

39104

Received from Supplier:.....

Meridian Wine

Supplier Invoice No.: 1104494

Courier Details: own

Date: 06/08/24

Goods Received
By (Print Name) Signature

Signature:

Document Amount
(in Rands) R 4 892.84

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

CONTENTS NOT CHECKED

IF PAID	
CHEQUE No.:	
AMOUNT	
DATE	