

TAX INVOICE COPY



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

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 - 71691

Invoice No.	PSII12258	Posting Date	26/08/2024	Payment Terms	15 Days from Statement
SO No.	SO1219039	Due Date	15/09/2024	Promised Delivery Date	27/08/2024

Code	Description	Quantity	Unit of Measure	Unit Price Excl. VAT	Discount %	Total Excl. VAT
CRAFT LIQUOR MERCHANTS						
ESMCORGRE	ESM Grenadine Cordial	1	12 x 750ml	487.32		487.32
ESMFTPF	FT'S Passion Fruit Liq	1	06 x 750ml	641.70		641.70
ESMSAEXL	Sadko Exclusive Vodka	1	06 x 750ml	876.48	4.00	841.42
INCMACBRDG	Brooks Hard Seltzer Dragon Granadilla	3	24 x 300ml	360.00	8.67	986.32
INCMACBRSK	Brooks Hard Seltzer Strawberry Kiwi	3	24 x 300ml	360.00	8.67	986.32
INCMACBRWA	Brooks Hard Seltzer Watermelon	3	24 x 300ml	360.00	8.67	986.32
INCMEVSDE	Meukow VS Deluxe	2	1 x 750ml	387.14	8.67	707.12

Craft Liquor Merchants Total 5,636.52

Total ZAR Excl. VAT 5,636.52

15% VAT 845.48

Total ZAR Incl. VAT 6,482.00

39315



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

EMAIL: tops@edlex.co.za

GOODS RECEIPT

39315

Received from Supplier:.....

Meridian Wines

Supplier Invoice No.:.....

1112258

Courier Details:.....

1000

Date:

27/08/2024

Goods Received

By (Print Name).....

MANDU

Signature:.....

[Signature]

Document Amount
(in Rands).....

R 6 482.00

Claim --AV Number:.....

Claim Amount:.....

CONTENTS NOT CHECKED

IF PAID	
CHEQUE No.:	
AMOUNT	
DATE	