

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 - 73461

Invoice No. PS11160799	Posting Date 13/12/2024	Payment Terms 15 Days from Statement
SO No. SO1274558	Due Date 15/01/2025	Promised Delivery Date 17/12/2024

Code	Description	Quantity	Unit of Measure	Unit Price Excl. VAT	Discount %	Total Excl. VAT
CRAFT LIQUOR MERCHANTS						
INCMACBRDG	Brooks Hard Seltzer Dragon Granadilla	46	24 x 300ml	360.00	5.60	2,039.04
INCMACBRSK	Brooks Hard Seltzer Strawberry Kiwi	46	24 x 300ml	360.00	5.60	2,039.04
INCMACBRWA	Brooks Hard Seltzer Watermelon	44	24 x 300ml	360.00	5.60	1,359.36
INCSLOR	Scottish Leader Original 750ml	41	12 x 750ml	2,483.40	2.42	2,423.30
Craft Liquor Merchants Total						7,860.74
Total ZAR Excl. VAT						7,860.74
15% VAT						1,179.11
Total ZAR Incl. VAT						9,039.85

Tops at Malelane
 Tel: 013 793 0157
 Fax: 013 793 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
EMAIL: tops@edlex.co.za

GOODS RECEIPT

40620

Received from Supplier:.....

M *EUPIAN WINE*

Supplier Invoice No.:.....

1160799

Courier Details:.....

PWR

Date:.....

17/12/2024

Goods Received

By (Print Name).....

M *ANDU*

Signature:.....

[Signature]

Document Amount
(in Rands).....

R 9 039.85

Claim --AV Number:.....

Claim Amount:.....

CONTENTS NOT CHECKED

IF PAID	
CHEQUE No.:	
AMOUNT	
DATE	