

Signal Hill Products (Pty) Ltd
166 Gunners Circle
Epping 1
Cape Town, WC, 7460
Phone: +27 (0) 21 203 2490
Email: debtors@signalhillproducts.com
Web: <http://www.signalhillproducts.com>

Reference No.:	IN143629
Date:	04-Nov-2024
Due Date:	31-Dec-2024
Customer ID:	C5646
Currency:	ZAR
Customer VAT #	4420106777
Source:	LRFG08

BILL TO:

Shoprite Holdings Ltd
Shop 19, Seshego Circle Shopping Centre
Ditlou St, Junction of Polokwane, Prtn 1 Erf 8179
Polokwane LP 6099
SOUTH AFRICA

SHIP TO:

SHIP VIA: LRSAC
 Shoprite Liquorshop - Seshego_6980
 Shop 19, Seshego Circle Shopping Centre
 Ditlou St, Junction of Polokwane, Prtn 1 Erf 8179
 Polokwane LP 6099
SOUTH AFRICA

CUSTOMER REF. NUMBER

1164608848

TERMS

2.5% 30 days from Statement

CONTACT

SO TYPE

SO NUMBER

SHIPMENT NUMBER

CUSTOMER P.O. NO. _____

so

SO136727

SS163756

1164608848

No.	ITEM	QTY.	UOM	UNIT PRICE	DISC %	DISC AMT	EXTENDED PRICE
1	FG CD-047: Strongbow Red Berries Cider - 12 x 660ml RB (4.5% ALC/VOL)	2.0000	CASE	216.5200	0%	0.00	433.04
2	RT PA-035: Returnable Crate with Bottles – 12 x 660ml - Deposit	2.0000	UNIT	31.3200	0%	0.00	62.64
3	FG CD-051: Strongbow Gold Cider - 12 x 660ml RB (4.5% ALC/VOL)	3.0000	CASE	216.5200	0%	0.00	649.56
4	RT PA-035: Returnable Crate with Bottles – 12 x 660ml - Deposit	3.0000	UNIT	31.3200	0%	0.00	93.96

Driver:

DPBC Packed By:

Driver Signature:

Cust Received By:

DPBC Checked By:

Truck Reg:

Cust Signature

Date:

Settlement Discount: R 31.12

Note : Please note settlement discount doesn't include returnable items.

Sales Total: 1,239.20

Tax Total:	185.88
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Total (ZAR): **1,425.08**

Standard Bank — Account name: Signal Hill Products (Pty) Ltd — Account number: 000895466 — Branch code: 000205
Company Reg: 2013/035584/07 — Company VAT: 4460259833 — Customs Code: 21127081

Returns:

SHP 20L Keg	
SHP 30L Keg	
Strongbow Crates and Bottles	
Strongbow Crates only	
Chep exchanged/swopped with LR	
Chep returns for credit	



SHOPRITE LIQUOR SHOP SESHU GOVINDARAJAN

GRN No. 001919 DATE 06/11/14

SHORTAGE RETURNS:

CASE No. _____ CLAIM No. _____

[Signature]

FULLY PAID BY _____

EMPLOYER'S SIGNATURE *[Signature]*

PENALTY APPLICABLE IF EMPLOYEE IS QUOTED