

PROFUMI D'ITALIA MARKETING CC
Importers & Distributors of Italian liquors

82 Ascot Road
 Milnerton
 7441
 Cape Town



CK: 200512646223
 VAT: 4890229612
 TEL: 0027 21 554 4831
 CELL: 0027 81 357 0419
 Liquor License: RG0002675
 Online License: WCP/043548
 Orders: ordersgauteng@profumi.co.za
 Accounts: accounts@profumi.co.za

Tax Invoice

Date: 18/10/24
 Page: 1
 Document No: IT4682

Takealot Online (RF) (PTY) Ltd

P.O Box 7628
 Raggebaai
 8012

**TERMS: 30 Days from
 Invoice**

Deliver to

Unit 7-8
 West Building North Precinct
 Topaz Boulevard
 Montague Gardens
 CapeTown

Account	Your PO Number	Tax Reference	Sales Code
TAKEAL	ORDER NO 124716893 CPT	4470208333	GA

Code	Store	Description	Quantity	Unit Price	Net Value (ex Vat)	Disc%	VAT	Total (inc Vat)
1009	LC	Bottega Limoncino-Limoncello 500ml	12	290.86	3,490.32		523.65	4,013.87
1179	LC	AYAMA VERMENTINO 2020 -750ML	12	125.36	1,504.32		225.65	1,729.97



Liquor Runner Cape Town cc.
 is a registered National Distributor
 REG. NO. RG004327

Payment is due strictly as per account terms.
 Ownership is not transferred until amount due is paid
Please keep this invoice to return any merchandise within 60 days.
 Goods must be returned in a saleable condition
A handling fee of R75.00 will be charged on all returns.

BANK DETAILS: PROFUMI D'ITALIA MARKETING CC

First National Bank : Universal Branch Code 250 655

FNB Tableview

Acc No: 62096729 169

Please use your account code as your reference

for payments: TAKEAL

Sub Total	4,994.64
Discount @ 0.00%	0.00
Amount Excl Tax	4,994.64
Tax	749.20
Total	5,743.84

Received in good order

Signed _____ Date _____

Print name _____

0



Belastingfaktuur / Tax Invoice

0622005

Fast and efficient - Vinnig en doeltreffend
CC 96011820/23
VAT/BTW 4520156276

PROTON ROAD 12
TRIANGLE FARM
STIKLAND

TEL: 021 948 1510 / 021 948 1511
FAX/FAX: 021 948 1754
SEL/CELL: 082 823 2872
079 898 6131

VAN: AFSENDER / FROM: SENDER

AAN: ONTVANGER / TO: CONSIGNEE

NAAM/NAME:

NAAM/NAME:

ADRES/ADDRESS:

ADRES/ADDRESS:

KONTAK/CONTACT:

KONTAK/CONTACT:

BETAAL DEUR / PAID BY:

AFSENDER / SENDER

ONTVANGER / CONSIGNEE

KBA / COD

REKENING / ACCOUNT

AANTAL/QT

BESKRYWING/DESCRIPTION

VOL.

L

B

H

GEWIG/MASSA

BEDRAG/AMOUNT

LIABILITY INSURANCE

JAYES

NEENO

WAARDE/VALUE

VERSEKERING/INSURANCE

ADMIN

FAKTUUR NO./INVOICE NO.

BTW/VAT

BY SIGNING, THE CLIENT ACKNOWLEDGES HAVING READ, UNDERSTOOD, AND AGREED TO THE STANDARD CONDITIONS OF CARRIAGE AS STATED ON THE BACK OF THIS WAYBILL.

TOTAAL/TOTAL

CONFIRMATION THAT GOODS WERE RECEIVED IN GOOD ORDER

NAAM IN DRUKSKRIJF/NAME IN BLOCK LETTERS

KOERIER HANDTEKENING /
COURIER SIGNATURE

DATUM/DATE

AFSENDER HANDTEKENING /
SENDER SIGNATURE

DATUM/DATE

HANDTEKENING/SIGNATURE

1. WIT - KANTOOR

2. PINK - BELASTINGFAKTUUR

3. BLOU - ONTVANGER

4. GEEL - AFSENDER

TYD/TIME

DATUM/DATE

Bank Details: Name: ST koeriers

Bank: ABSA BANK

Account no: 400149933

Acc Type: Cheque Account

Branch: Paarl

Branch Code: 632005

ST Koeriers



Belastingfaktuur / Tax Invoice

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07030186

VAN: AFSENDER / FROM: SENDER				AAN: ONTVANGER / TO: CONSIGNEE			
NAAM/NAME: _____				NAAM/NAME: _____			
ADRES/ADDRESS: _____				ADRES/ADDRESS: _____			
KONTAK/CONTACT: _____				KONTAK/CONTACT: _____			
BETAAL DEUR / PAID BY: _____				AFSENDER / SENDER ☐ ONTVANGER / CONSIGNEE ☐			
AANTAL/QTY		BESKRYWING/DESCRIPTION		VOL. L B H		KBA / COD ☐ REKENING / ACCOUNT ☐	
						GEWIG/MASSA	
						BEDRAG/AMOUNT	
LIABILITY INSURANCE		JAYES ☐ NEE/NO ☐ WAARDEVALUE ☐		VERSEKERING/INSURANCE			
FAKTUUR NO./INVOICE NO.				ADMIN			
				BTW/VAT			
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				CONFIRMATION THAT GOODS WERE RECEIVED IN GOOD ORDER			
KOEIER HANDTEKENING / COURIER SIGNATURE				DATUM/DATE			
AFSENDER HANDTEKENING / SENDER SIGNATURE				DATUM/DATE			
1. WIT - KANTOOR				2. PINK - BELASTINGFAKTUUR			
3. BLOU - ONTVANGER				4. GEEL - AFSENDER			
Bank Details: Name: ST Koeriers				Bank: ABSA BANK			
Account no: 400149933				Acct Type: Cheque Account			
Branch: Paarl				Branch Code: 632005			



CC 95011820/23
VAT/BTW 4520156276

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082823

FormIdeation 082 893 1197 Item No F57797 (01/22)

NAAM/NAME: _____		AAN: ONTVANGER / TO: CONSIGNEE	
ADRES/ADDRESS: _____		ADRES/ADDRESS: _____	
KONTAK/CONTACT: _____		KONTAK/CONTACT: _____	
BETAAL DEUR / PAID BY: _____		AFSENDER / SENDER ☐ ONTVANGER / CONSIGNEE ☐	
AANTAL/Qty		BESKRYWING/DESCRIPTION	
		VOL. L B H KBA / COD REKENING7/ACCOUNT ☐	
		GEWIG/MASSA BEDRAG/AMOUNT	
LIABILITY INSURANCE		JAYES ☐ NEE/NO ☐ WAARDE/VALUE ☐ VERSEKERING/INSURANCE	
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		DATUM/DATE	
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ST koeriers
Couriers



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KONTAK/CONTACT: _____

KONTAK/CONTACT: _____

BETAAL DEUR / PAID BY: _____

AFSENDER / SENDER ☐

ONTVANGER / CONSIGNEE ☐

KBA / COD ☐

REKENING / ACCOUNT ☐

AANTAL/QTY BESKRYWING/DESCRIPTION

VOL.

L

B

H

LIABILITY INSURANCE

JAYES ☐

NEE/NO ☐

WAARDE/VALUE ☐

VERSEKERING/INSURANCE

ADMIN

BTW/VAT

TOTAL/TOTAL

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