

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

82 Ascot Road
Milnerton
7441
Cape Town

BOTTEGA
Authentic Italian Products

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 25/09/24

Page 1

Document No IT4420

Cafe Extrablatt South Africa Pty Ltd
Cafe Extrablatt

Liq Lic: WCP035586

**TERMS: 7 Days from
Invoice EFT**

Deliver to

Cafe Extrablatt
79 Main road Road
Greenpoint
Capetown

Account	Your PO Number	Tax Reference	Sales Code
CAFEEX	GUIDO	4560258644	KO&MO

Code	Store	Description	Quantity	Unit Price	Net Value (ex Vat)	Disc%	VAT	Total (inc Vat)
1084	LC	Bottega Extra Dry Millesimato 750ml	12	149.99	1,619.89	10.00	242.98	1,862.87

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: CAFEEX

Sub Total	1,619.89
Discount @ 0.00%	0.00
Amount Excl Tax	1,619.89
Tax	242.98
Total	1,862.87

Received in good order

Signed _____ Date _____

Print name _____



PROTON ROAD 12
TRIANGLE FARM
STIKLAND

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

Belastingfaktuur / Tax Invoice

Fast and efficient - Vinnig en doeltreffend

CC 96011820/23

VAT/BTW 4520156276

VAN: AFSENDER / FROM: SENDER

AAN: ONTVANGER / TO: CONSIGNEE

NAAM/NAME:

ADRES/ADDRESS:

NAAM/NAME:

ADRES/ADDRESS:

KONTAK/CONTACT:

KONTAK/CONTACT:

BETAAL DEUR / PAID BY:

AFSENDER / SENDER

ONTVANGER / CONSIGNEE

KBAL / 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.

TOTAAL/TOTAL

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

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

T/D/TIME

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

Acc Type: Cheque Account

Branch: Paarl Branch Code: 632005

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



Koeriers Couriers

TEL: 021 948 1510 / 021 948 1511
 FAKS/FAX: 021 948 1754
 SEL/CELL: 082 823 2872

FAKS/FAX: 021 948 1754
SEL/CELL: 082 823 2872
079 898 6131

AAN: ONTVANGER / TO: CONSIGNEE

NAME/NAME:

ADRES/ADDRESS:

KONTAK/CONTACT:

MASSA	BEDRAG/AMO
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CONFIRMATION THAT GOODS WERE
RECEIVED IN GOOD ORDER.

NAAM IN DRUKSKRIF/NAME IN BLOCK LETTERS

1



ST Koeriers
Couriers



Belastingfaktuur / Tax Invoice

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
FAXS/FAX: 021 948 1754
SEL/CELL: 082 823 2872
079 898 6131

6535026

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

VAN: AFSENDER / FROM: SENDER		AAN: ONTVANGER / TO: CONSIGNEE	
NAAM/NAME: <u>ST Koeriers</u>		NAAM/NAME: <u>Proton Road 12</u>	
ADRES/ADDRESS: <u>Proton Road 12</u>		ADRES/ADDRESS: <u>Triangle Farm</u>	
KONTAK/CONTACT: <u>082 823 2872</u>		KONTAK/CONTACT: <u>079 898 6131</u>	
BETAAL DEUR / PAID BY:	AFSENDER / SENDER ☐	ONTVANGER / CONSIGNEE ☐	KBA / COD ☐
AANTAL/QT	BESKRYWING/DESCRIPTION	VOL.	L B H
			GEWIG/MASSA
			BEDRAG/AMOUNT
LIABILITY INSURANCE		JAYES ☐	NEE/NO ☐
		WAARDE/VALUE	VERSEKERING/INSURANCE
FAKTUUR NO./INVOICE NO.		ADMIN	
BY SIGNING, THE CLIENT ACKNOWLEDGES HAVING READ, UNDERSTOOD, AND AGREED TO THE STANDARD CONDITIONS OF CARRIAGE AS STATED ON THE BACK OF THIS WAYBILL.			
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 Acc Type: Cheque Account Branch: Paarl Branch Code: 632005			
NAAM IN DRUKSKRIJF/NAME IN BLOCK LETTERS			
HANDTEKENING/SIGNATURE			
TYP/TIME			
DATUM/DATE			
TOTAL/TOTAL			
CONFIRMATION THAT GOODS WERE RECEIVED IN GOOD ORDER.			