

BLUE SKY BRAND COMPANY (PTY) LTD

27 Bright Street

Somerset West

7130

VAT Reg No: 4810259673 , Co Reg No: 2011/008513/07 , Liquor Reg: RG0003999

Liquor Reg: RG0003999
Signed: DECEMBER 2024

Company Contact Details

Sales CPT : 021 201 1049

Email: Orders@blueskybrands.co.za

Tax Invoice

Date 25 Jun 2024

Document No: INV00255355

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Customer Details:

PO Box 531

11399 Tops Port Edward Here

Port Edward

Kwazulu Natal

4295

30 Days

Deliver To: 11399 Tops Port Edward Here

Port Edward Shopping

Shop 6A

3 Own Ellis Drive

Port Edward

Account

TK0104

Your PO Number

DEON

Tax Reference

4060249960

Sales Code

BSBC2022(3)

Item Code	Store	Item Description	Quantity	Price (Ex)	Disc %	Total (Excl)	Tax	Total (Incl)
100000	KZN	Proper No. Twelve Whiskey	6.00	332.57		1,995.42	299.31	2,294.73
39002	KZN	Victoria Amber Gin	2.00	258.66		517.32	77.60	594.92
37101	KZN	Royal Flush Gin	12.00	243.88		2,926.56	438.98	3,365.54
37102	KZN	Royal Flush Luxe Amber Gin	12.00	243.88		2,926.56	438.98	3,365.54

Port Edward Tops Store Code 11399

GOODS RECEIVED BY: NATHAN
SIGNATURE: [Signature]
DATE: 02/07/24
In the event of queries our claim is/are: retax/s

PLEASE NOTE THAT SETTLEMENT DISCOUNT IS ALREADY CALCULATED ON INVOICE

Payment is due strictly according to your payment terms with Blue Sky Brand Company (Pty) Ltd.

Please keep this invoice to return any merchandise within 60 days.

Goods must be returned in a saleable condition.

Ownership is not transferred until amount due is paid.

PLEASE USE YOUR ACCOUNT NUMBER AS THE REFERENCE WHEN MAKING PAYMENT

Received in good order

Signed _____ Date _____

Print Name _____

SubTotal	8,365.86
Discount @ 0 %	0.00
Total (Excl)	8,365.86
Tax	1,254.87
NET Total ZAR (Incl)	9,620.73

Banking Details

BLUE SKY BRAND COMPANY (PTY) LTD

FNB (First National Bank)

Account Number: 63050361583

Branch Code: 250655

GOODS RECEIVED VOUCHER

PORT EDWARD **tops!**

From: Blue sky 22/10/24

Description	Total
255355	

Palm Printers 039-682 0262

Sub Total 8365.86
 Vat 1254.87
 Total 9620.73

No 4784

RECEIVED BY: _____
 DATE: _____
 TIME: _____
 SIGNATURE: _____
 NAME: _____
 ADDRESS: _____
 CITY: _____
 STATE: _____
 ZIP: _____