

TAX INVOICE



Page 1 of 1

Customer Craft Liquor Cost Account Coastal
VAT No.
Liquor License No. PR
Bill to Cust No. ZINC002C
Sell to Cust No. ZINC002C
Delivery Address: Craft Liquor Cost Account Coastal
KwaZulu Natal
South Africa

Meridian Wine Distribution (Pty) Ltd
1 Sundew Road
Unit A3, Ushukela Industrial Park
CORNUBIA, KWA-ZULU NATAL 4345
South Africa
Phone No. (031) 705 9510
VAT Reg No. 4520181753
Liquor License No. WCP/041288
Company Reg No. 1999/001626/07

Contact Name
Contact No.

Your Reference - SAMPLES

Invoice No.	PSI1090956	Posting Date	28/06/2024	Payment Terms	30 Days from Statement
SO No.	SO1195472	Due Date	30/07/2024	Promised Delivery Date	28/06/2024

Code	Description	Quantity	Unit of Measure	Unit Price Excl. VAT	Discount %	Total Excl. VAT
CRAFT LIQUOR MERCHANTS						
INCMACBRSK	Brooks Hard Seltzer Strawberry Kiwi	5	24 x 300ml	0.00	0	0.00
Craft Liquor Merchants Total						0.00

Nampak Samples
Trade / In-Store support

Total ZAR Excl. VAT	0.00
15% VAT	0.00
Total ZAR Incl. VAT	0.00

BRIAN

CT71 CB GP
28/06/24

Thanks for your business.

BANKING DETAILS

Acc Name: ReWined Wine Group (Pty) Ltd T/A
ReWINEd
Bank Name: FNB

Branch: 250655
Acc No: 62871319440

Swift:



Call Us
0861 113 959



Email Us
orders@groupmeridian.co.za



Customer Service
query@groupmeridian.co.za

LRSA SINGLE PICK FOR COLLECTION / ~~SPECIAL DELIVERY~~

CLM Collection

TempSO1195472

Stock Code Stock Description

Packsize

Unit

Batch

Units QTY

Load ID: 9226409

Craft Liquor Merchants

CLM COLLECTION

CS

INCMACBRSK

Brooks Hard Seltzer Strawberry Kiwi

24 x 300ml

CS

5✓

5

Picked By:

Themba

Checked By:

2024/06/27 15:21:44

1/1

CLM COLLECTION TO RECEIVE 0 PALLETS

tempSO1195472

Scanned	St Code	St Desc	PackSize	Unit	Units QTY	Scan QTY	Variance
28/06/2024 09:37	INCMACBRSK	Brooks Hard Seltzer Strawberry Kiwi	24 x 300ml	CS	5		0
					5.00	5.00	0.00



DISTRIBUTION

RIGHTSIDE UP DISTRIBUTION (PTY) LTD

JOHANNESBURG 086 177 8000
CAPE TOWN 086 177 8001
DURBAN 086 177 8001
RIGHTSIDE UP P.O. BOX 9926 FOLEN 1625

STEFH



SENDER'S DETAILS

COMPANY NAME

ADDRESS 1

ADDRESS 2

TOWN / CITY

POSTAL CODE

CONTACT

TEL NUMBER

SENDER'S REFERENCE

RECEIVER'S REFERENCE

SPECIAL INSTRUCTIONS

CONSIGNEE'S DETAILS

COMPANY NAME

ADDRESS 1

ADDRESS 2

TOWN / CITY

POSTAL CODE

CONTACT

TEL NUMBER

WAYBILL NO. 1

RSU1737941

ACCOUNT NO.

OFFICE REFERENCE

PARCEL INFO

SAMEDAY

OVERNIGHT

ECONOMY

BUDGET

10 AM

DOOR TO DOOR

DOOR TO DEPOT

DEPOT TO DOOR

DEPOT TO DEPOT

SENDER'S SIGNATURE
BY SIGNING THIS YOU
AGREE TO THE COMPANY
TERMS AND CONDITIONS

SIGNATURE

DATE

COLLECTION DRIVER
PLEASE CHECK QUANTITIES
BEFORE SIGNING

SIGNATURE

DATE

PROOF OF DELIVERY

THE RECEIVER AGREES THAT THE GOODS ARE RECEIVED UNDAUNAGED AND IN GOOD ORDER

NAME

SIGNATURE

DATE

TIME

ALL INSURANCE COVER IS SUBJECT TO THE TERMS AND CONDITIONS OF THE UNDERWRITERS CONCERNED

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