

AX INVOICE COPY



Customer Shoprite Canelands DC 36102
VAT No. 4420106777
Liquor License No. RG0002416
Bill to Cust No. CHK999
Sell to Cust No. SHOCAN
Delivery Address: Shoprite Canelands DC 36102
 Shoprite Checkers (Pty) Ltd
 Canelands
 New Glasgow Road 22
 Verulam, KwaZulu Natal 4340
 South Africa

Contact Name
Contact No.

Page 1 of 1
Meridian Wine Distribution (Pty) Ltd
 Cnr. Crompton Str & Shepstone Rd
 New Germany, 3620
 Pinetown

Phone No. (031) 705 9510
VAT Reg No. 4520181753
Liquor License No. RG0005535
Company Reg No. 1999/001626/07

Your Reference - 1134498065

Invoice No.	PSI995134	Posting Date	17/10/2023	Payment Terms	30 Days from Statement
SO No.	SO1085666	Due Date	30/11/2023	Promised Delivery Date	12/10/2023

Code	Description	Quantity	Unit of Measure	Unit Price Excl. VAT	Discount %	Total Excl. VAT
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CRAFT LIQUOR MERCHANTS

INCSLORGP	Scottish Leader Original & 2 x Glasses Gift Pack	325	06 x 750ml	1,121.70		364,552.50
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Craft Liquor Merchants Total 364,552.50

Total ZAR Excl. VAT 364,552.50

15% VAT 54,682.88

Total ZAR Incl. VAT 419,235.38

Liquor Runners Durban
 DEBRIEFED

DATE: _____

TIME: _____

SHOPRITE CHECKERS CANELANDS DC 36102	SHOPRITE PROSPECTOR SITE DC 36102
DATE: 18/10/23	GATEPASS NO: _____
INBOUND DEL NO: _____	
SSR NO: _____	
GRV NO: _____	RECEIPT NO: _____
NO. OF CARTONS: 325	CLAIM NO: _____
CONTENTS NOT CHECKED	
THE BELOW SIGNATURE IS NOT VALID UNLESS OUR GRV NO. IS QUOTED ABOVE	
RECEIVED BY NAME: _____	
FULL SIGNATURE: _____	
STAFF NO: _____	

103 GRVS will be followed

Thanks for your business.

BANKING DETAILS

Acc Name: Meridian Wine Distribution (Pty) Ltd
Bank Name: First National Bank

Branch: 250 655
Acc No: 62 204 833 744

Swift: FIRNZAJJ



Call Us
 0861 113 959



Email Us
 orders@groupmeridian.co.za



Customer Service
 query@groupmeridian.co.za

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Liquor Runners Durban
 DEBRIEFED

DATE: _____

TIME: _____

SHOPRITE CHECKERS CANELANDS DC 36102	SHOPRITE PROSPECTOR SITE DC 36102
DATE: 10/10/23	GATEPASS NO: _____
INBOUND DEL NO: _____	
SSR NO: _____	
GRV NO: 231536	RECEIPT NO: _____
NO. OF CARTONS: 325	CLAIM NO: _____
CONTENTS NOT CHECKED	
THE BELOW SIGNATURE IS NOT VALID UNLESS OUR GRV NO. IS QUOTED ABOVE	
RECEIVED BY NAME: _____	
FULL SIGNATURE: _____	
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Email Us

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Customer Service

query@groupmeridian.co.za