

TAX INVOICE COPY



Customer Tops Beacon Isle 46194
VAT No. 4130183025
Liquor License No. WCP/011200
Bill to Cust No. S108
Sell to Cust No. TOPGR123
Delivery Address: Tops Beacon Isle 46194
 Shop 1 Beacon Isle RC
 Plettenberg Bay
 Beacon Crescent
 Plettenberg Bay, 6600
 South Africa
Contact Name Duncan Brown
Contact No. +27 44 533 1555

Page 1 of 1
Meridian Wine Distribution (Pty) Ltd
 59 Main Road
 Walmer
 Port Elizabeth, 6070

Phone No. (021) 492 2055
VAT Reg No. 4520181753
Liquor License No. RG0005535
Company Reg No. 1999/001626/07

Your Reference - ELAINE FRIDGE DISPLAY

Invoice No.	PS11146904	Posting Date	18/11/2024	Payment Terms	30 Days from Statement
SO No.	SO1258056	Due Date	30/12/2024	Promised Delivery Date	19/11/2024

Code	Description	Quantity	Unit of Measure	Unit Price Excl. VAT	Discount %	Total Excl. VAT
CRAFT LIQUOR MERCHANTS						
INCMACBRDG	Brooks Hard Seltzer Dragon Granadilla	35	24 x 300ml	360.00		12,600.00
INCMACBRSK	Brooks Hard Seltzer Strawberry Kiwi	35	24 x 300ml	360.00		12,600.00
INCMACBRWA	Brooks Hard Seltzer Watermelon	34	24 x 300ml	360.00		12,240.00
Craft Liquor Merchants Total						37,440.00
Total ZAR Excl. VAT						37,440.00
15% VAT						5,616.00
Total ZAR Incl. VAT						43,056.00

tops @ Beacon Isle

GOODS RECEIVING

Tel: 044 533 1555

Date: 19/11/24

GRV No.: 124

Claim No:

Sign: *Rice*

DISTRIBUTION
 LIQUOR MERCHANTS GEORGE
 REG 0002013

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

607

tops! at SPAR®

TOPS @ Beacon Isle
Beacon Isle Crescent
Plettenberg Bay
6600
Tel: 044 533 1555
Fax: 044 533 1565

TO: meridian wine distribution
(Supplier)

DATE _____

19/11/24

TO: (Supplier) PS11146
(INV) / DEL / UPLIFT NOTE NO:

DATED:

[illegible]

THE BACK PAGE: 041 363 0327

CODE: 14007BIT / REV: 21/02/2011

Reason for Claim: Damaged stock bob
Rice

Prepared by:

Signature of Rep / Driver:

Registration No.:

PLEASE QUOTE OUR CLAIM NUMBER ON ALL CORRESPONDENCE OR CREDIT NOTE