High Five Manufactures Pty Ltd.

Reg No. 2016/387506/07

BEEE Level 2

Shop13 Fabricia Trading Post
Fabricia Rd, Fabricia
PO Box 1790
Kimberley
8301

Tel: 053 833 4624
Fax: 086 613 4543
info@high5clothing.co.za
WhatsAPP:071 123 4587

VAT NO: 488 027 8785

Quotation / Kwotasie

Date: 01/11/2023

Your Reference: A249

Company: DEPARTMENT OF JUSTICE
Contact person: Miss Dorah Ndlovu

Tel: 053 807 7800
Fax: 086 450 6128
Email: Do

Banking Details:

Bank: NEDBANK
Name: HIGH FIVE MANUFACTURES PTY LTD
Acc No: 1136572783
Branch Code: 198765
Type of Account: CHEQUE

ITEM DESCRIPTION	ITEM CODE	SIZE	QTY	UNIT (Ex)	UNIT (Incl)	TOTAL (incl)
Mens & Ladies Questana Seamless Golfshirt with emb Dept Logo			33	665,00	764,75	25 236,75
Mens & Ladies Balkan Jacket with emb Dept Logo			33	2 045,00	2 351,75	77 607,75

STATE ATTORNEY
PRIVATE BAG/PRIVAATSAK X5034
KIMBERLEY 8300
2023 -11- 03
KIMBERLEY, NORTHERN CAPE
TEL: 053 807 7800
STAATSPROKUREUR

TOTAL (excl):	R 89 430,00
DISCOUNT % 0	R 0,00
TOTAL (incl discount)	R 89 430,00
TAX:	R 13 414,50
TOTAL (incl):	R 102 844,50

BASIC TERMS & CONDITIONS

* Prices are based on given quantities and artwork
* Delivery: Varies from product to another. Please confirm delivery
* Transportation: For your account unless otherwise stipulated
* Cash sales: 75% deposit, balance payable before good leave the premises
* Account sales: Official order
* **Additional cost of 25% will be added on Sizes 4XL & 5XL**
* Please adhere to item care label
* Samples for client account unless otherwise stipulated
* This quotation is valid for 60 days/ Unless Prices Increases Occur
* Shrinkage may occur on cotton items (T-shirts)
* Colour shades differences may occur from kiddies to larger sizes of 20% of after 24 hours
* Claims: Client must report within 48 hours
* ***Additional Cost of 25% will be added on Special Sizes***
* ***Website: www.high5clothing.co.za***

Complete T&C's available on request or visit www.high5clothing.co.za

QUOTATION APPROVED

INVOICE DETAILS

Company: _____

Address: _____

VAT no. _____

Contact Person: _____

Contact no. _____