



FURNITURE ELEGANCE APPLICATION FORM

1. Name	ID NO		
2. Mobile Number	Email address		
3. Credit Card No.:	XXX 🗆 🗆 🗆 🗆 . (Onli	y first 4 aı	nd last 4 digits).
4. KCB account Number (if applicable)			
5. Please fill below table for the products you	ı are nurchasing		
·	· -		. 1
(For PRICELIST, refer any Furniture Elegance		1	
Product Name	Type e.g. sofa set, dining table etc.	Quantity	Marked Price
TOTAL PRICE			
		•	
authorize KCB Card Centre to debit my Cred	it card account with Kes	on	a monthly basis for
Months on the card due date, being pa			•
	<u> </u>		
Repayment period (months) Tick your selection		
3 Months			
4 Months			
5 Months			
6 Months			
7 Months			
8 Months			
9 Months			
10 Months			
I understand that by signing this request, I ha	ave agreed to be fully liable in ful	ly paying fo	or the product.
All goods purchased shall be checked before	accepting delivery and will remain	in under m	nanufacturer's
warranty for stated period on warranty card.	· · ·		
Furniture Elegance showroom where the prostate if online	oducts will be purchased/collecte	d	or
state if offinite			
Signature	Date		
(Customer to sign)			
Signature	Date		
(KCB Card Center of			
(,		

FOR OFFICIAL USE ONLY

PAYMENT	AMOUNT (KES)	APPROVAL CODE	SIGN
1 ST Instalment			
Balance			