



MABATI ROLLING MILLS APPLICATION FORM

1. Name	ID NO			
2. Mobile Number		Email address		
3. Credit Card No.:		xx 🗆 🗆 🗆	□. (Only	first 4 and last 4 digits).
4. KCB account Nur	mber (if applicable)			
invoice/quotation,	ow for product/s you are pu and send the quotation tog you will pay a processing fe	ether with this applica	ntion form)	
Name of Product(s) e.g. Elegantile, etc.		Qty	Marked price
Add 3% on the inv				
•	Total Cost (including 3% processing and control of the control of	ng fee)		
	Repayment period (months) 3 Months 4 Months 5 Months 6 months 7 months 8months 9 months 10 months 12 months 2y signing this request, I have	Tick your selection		
All goods purchase	d shall be checked before a d period on warranty card.	•	-	
MRM service cente	er where the products are p	urchased/collected		
Signature		Date		
o.B.1444. C	(Customer to sign)			
Signature		Date		
	(KCB Card Center to s			
TOD OFFICIAL LISE	ONLY			

FOR OFFICIAL USE ONLY

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