



FONES DIRECT LTD APPLICATION FORM

1. Name.....ID NO.....

2. Mobile Number Email address.....

3. Credit Card No.: XXXX . (Only first 4 and last 4 digits).

4. KCB account Number (if applicable)

5. Electronic device chosen.....Total price.....

I authorize KCB Card Centre to debit my credit card account with Kes on a monthly basis for Months on the card due date, being payment for the above electronic device I have chosen.

Repayment period (months)	Tick your selection
3 Months	
4 Months	
6 Months	

I understand that by signing this request, I have agreed to be fully liable in fully paying for the service. All goods purchased shall be checked before accepting delivery and will remain under manufacturer’s warranty for stated period on warranty card.

FonesXpress outlet where the device will be purchased:.....

Signature Date.....

(Customer to sign)

SignatureDate.....

(Card Center official to sign)

FOR OFFICIAL USE ONLY

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

