

CREDIT CARD FINANCING 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. Fill the table below for products/services you are purchasing (*refer to Mombasa Golf Club invoice*)

Wellcation Retreat package	Qty	Cost
Total Cost		

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

Repayment period (months)	Tick your selection
3 Months	
4 Months	
5 Months	
6 months	
7 months	
8 months	
9 months	
10 months	
11 months	
12 months	

I understand that by signing this request, I have agreed to be fully liable in fully paying for the products/ services I have chosen.

Signature Date.....

(Customer to sign)

(This form and invoice to be emailed to: deals@kcbgroup.com)

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

Signature Date.....

(KCB Card Center to sign)