



DONGA CAR SPA APPLICATION FORM

1. Name	ID NO	
2. Mobile Number Ema	il address	
3. Credit Card No.:	Only first	: 4 and last 4 digits).
4. KCB account Number (if applicable)		
5. Fill the table below for products/services you are pu	rchasing (refer to invoice)	
Name of Broduct(s)/service	Otv	Cost

Name of Product(s)/service	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 DONGA products/services I have chosen.

Repayment period (months)	Tick your selection	
3 Months		
4 Months		
5 Months		
6 months		
7 Months		
8 Months		
9Months		
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 service.

All goods purchased shall be checked before accepting delivery and will remain under manufacturer's warranty for stated period on warranty card.

DONGA CAR SPA Branch...... (Where products/Service are being purchased)

Signature Date.....

(Customer to sign)

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

FOR OFFICIAL USE ONLY				
PAYMENT	AMOUNT (KES)	APPROVAL CODE	SIGN	
1 st Instalment				
Balance				

Signature Date.....

(KCB Card Center to sign)