



ELIMUTAB INSTALMENT 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 invoice*)

Name of Product(s)	Qty	Cost
Total Cost		

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

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

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

Elimutab outlet.....

Signature Date.....
(Customer to sign)

FOR OFFICIAL USE ONLY

Signature Date.....
(KCB Card Center to sign)

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