



### ZEDSONS 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. Please fill below table for the products you are purchasing

(Please note a processing fee of 1% per month of the total invoice amount apply up to 12<sup>th</sup> month repayment period)

Product Name	Product type/name	Quantity	Price
Add processing fee % selected			
<b>TOTAL COST (Product price + applicable processing fee)</b>			

(For PRICELIST, refer any Zedsons outlet or online ([www.zedsons.com](http://www.zedsons.com)))

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 products I have chosen.

Selection (Tick)	Repayment period (months)	% processing fee	Value of processing fee (Kshs e.g xx% of invoice amount)
	1 Months	1%	
	2 Months	2%	
	3 Months	3%	
	4 Months	4%	
	5 Months	5%	
	6 Months	6%	
	7 Months	7%	
	8 Months	8%	
	9 Months	9%	
	10 Months	10%	
	11 Months	11%	
	12 Months	12%	

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

Zedsons outlet where the products will be purchased/collected .....

Signature ..... Date.....

**(Customer to sign)**

Signature .....Date.....

**(KCB Card Center official to sign)**

**FOR OFFICIAL USE ONLY**

PAYMENT	AMOUNT (KES)	APPROVAL CODE	SIGN
1 <sup>st</sup> Instalment			
Balance			