



JS INTERIORS LTD APPLICATION FORM

1.	Name	ID NO					
2.	Mobile Number	Email address					
3.	Credit Card No.:	□XXXX □ □ □ (F	irst 4 & las	st 4 digits).			
4.	KCB account Number (if applicable)						
5. invoi	Fill the table below for product ice/quotation, and send the quotat			rs Ltd to get an			
	Name of Furniture Product(s)			Marked price			
-	Name of Furniture Product(s)		Qty	Marked price			
H							
	Total Cost (Including Ser	vice & Delivery)	1				
∟ I aut	thorize KCB Card Centre to debit	my credit card account with I	(es	on monthly basis			
	Months on the card due date,						
	Repayment period (mor	nths) Tick your selection					
	3 Months						
	6 months						
	9 months						
	12 months						
l un	derstand that by signing this reque	est, I have agreed to be fully lia	ble in fully	y paying for the products.			
All g	oods purchased shall be checked	before accepting delivery and	will rema	ain under manufacturer's			
warr	ranty for stated period on warranty	v card.					
Signa	ature	Date					
	(Customer to s	sign)					
Signa	ature	Date					
Ü	(KCB Card Cen						
	•						
<u>FOR</u>	OFFICIAL USE ONLY						

PAYMENT STRUCTURE	AMOUNT (KES)	APPROVAL CODE	SIGN
60% ON APPROVAL			
40% ON COMPLETION			