



## OURU SUPERSTORES LTD 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 Ouru Superstore outlet or online ([Home - Ouru Superstores](#)))

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.

Ouru Superstores 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                    |              |               |      |