



INSIGNIA SERVICE CENTRE 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)/service e.g., Mechanical service, body works, etc.	Qty	Cost
Total Cost		

I authorize KCB Card Centre to debit my credit card account with Kes and take equal monthly installments every month for months on the card due date, being payment for the above Insignia Group products/services I have chosen.

Repayment period (months)	Tick your selection
3 Months	
4 Months	
5 Months	
6 months	
7 months	
8 months	
9 months	
10 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.

AutoXpress Branch..... (Where products/Service are being purchased)

Signature Date.....

(Customer to sign)

Signature Date.....

(KCB Card Center to sign)

FOR OFFICIAL USE ONLY

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