



**AUTOXPRESS APPLICATION FORM**

1. First Name..... Last Name.....  
ID NO..... Mobile Number .....  
Email address.....

2. Credit Card No.:     XXXX     . (Only first 4 and last 4 digits).

3. KCB account Number (if applicable) .....

4. Fill the table below for products/services you are purchasing (*refer to invoice*)

| NAME OF PRODUCT(S)/SERVICE  | QTY    | COST (KES) |
|---|--------|------------|
| TYRES & TYRE SERVICES   |        |            |
| OIL SERVICE   |        |            |
| BATTERIES   |        |            |
| BRAKES  |        |            |
| SUSPENSION  |        |            |
| OTHER:  |        |            |
| <b>TOTAL VALUE OF INVOICE</b>                                       |        |            |
| <b>TOTAL VALUE REQUESTED FOR FINANCE</b>                            |        |            |
| NO. OF MONTHLY INSTALMENTS E.G. 3, 4, 5 OR 6 MONTHS (MAX. 6 MONTHS) | Months |            |
| MONTHLY INSTALLMENT VALUE (Over the selected monthly period)        |        |            |

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 AutoXpress products I have chosen.

I understand that by signing this request, I hereby agree to be liable for the full and final payments for the service.

All goods purchased shall be checked before accepting delivery and will remain under manufacturer’s warranty for stated period on the warranty card.

AutoXpress Signature..... Date:..... Branch.....

Customer Signature ..... Date.....

KCB Card Centre Signature ..... Date.....

**FOR OFFICIAL USE ONLY**

| PAYMENT                    | AMOUNT (KES) | APPROVAL CODE | SIGN |
|----------------------------|--------------|---------------|------|
| 1 <sup>ST</sup> Instalment |              |               |      |
| Balance                    |              |               |      |