LEMAFRIC TECH LTD INSTALMENT 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)	**Qty**	**Cost**
Total Cost		

I authorize KCB Card Centre to debit my credit card account with Kes .....on monthly basis for..... Months on the card due date, being payment for the above **Lemafric Tech Ltd** products I have chosen.

Repayment period (months)	**Application fee (%)**	**Tick your selection**	**Total cost (total product cost + Application fee)**
2 Months	NIL		
3 Months	NIL		
4 Months	NIL		
5 Months	NIL		
6 Months	NIL		
7 Months	1%		
8 Months	2%		
9 Months	3%		
10 Months	4%		
11 Months	5%		
12 Months	6%		

I understand that by signing this request, I have agreed to be fully liable in fully paying for the products.

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

Lemafric Tech outlet.....

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

(Customer to sign)

FOR OFFICIAL USE ONLY

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

(KCB Card Center to sign)

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