

AMAZON SELECTION KENYA LTD 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)
MECHANICAL REPAIRS		
OIL SERVICE		
BATTERIES		
MOTOR PARTS		
SUSPENSION		
OTHER:		
TOTAL VALUE OF INVOICE		
TOTAL VALUE REQUESTED FOR FINANCE		
NO. OF MONTHLY INSTALMENTS E.G. 3, 4, 5 OR 10 MONTHS (MAX. 10 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 Amazon Selection Kenya 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.

Amazon Selection Kenya Signature..... Date:..... Branch.....

Customer Signature Date.....

KCB Card Centre Signature Date.....

FOR OFFICIAL USE ONLY

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