



Credit Application

I've had this account for:

- 0-3 Months
- 3-6 Months
- 6 Mos-1 Yr
- 1-3 Yrs
- 3 + Yrs

Routing # _____ Acct # _____

Name as it appears on Account _____

Name of Bank _____

Name _____ SSN _____

Street Address _____ City, State, Zip _____

Cell Phone _____ Home Phone _____ Email _____

Place of Employment _____ Employer Phone _____

Type of Income (check one):	Payment Frequency:	Time at Employer:	Gross Income (monthly):
<input type="checkbox"/> W-2 wage earner	<input type="checkbox"/> Weekly	<input type="checkbox"/> 0-3 Months	
<input type="checkbox"/> Self-Employed	<input type="checkbox"/> Every two weeks	<input type="checkbox"/> 3-6 Months	\$ _____
<input type="checkbox"/> Public Assistance	<input type="checkbox"/> Bi-monthly	<input type="checkbox"/> 6 Mos-1 Yr	
<input type="checkbox"/> SSI	<input type="checkbox"/> Monthly	<input type="checkbox"/> 1-3 Yrs	
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> 3 + Yrs	

Driver's License # _____ Driver's License State _____ Date of Birth _____

Reference: Relative not living with you _____ Relation _____

Reference Address, City, ST, Zip _____

Reference Phone (required) _____

Required Attachments: Drivers License, Pre Printed Check

Customer Signature _____

By signing above I authorize the generation of a FlexPay PLUS™ retail installment contract and ACH authorization form which will be considered executed upon signature



Bank Account Verification Form

Section A: Must be completed by Borrower	
Borrower Name (Last, First, Middle Initial)	
I authorize you to release the following information requested by Kahuna Payment Solutions, LLC concerning my checking/ savings account with your bank ___ yes ___ no	
Borrower Signature	Date: _____ / _____ / _____

Section B: Must be completed by Bank Representative			
Financial Institution Name (Bank, Credit Union, etc...)			
Bank Address			State
			Zip Code
Borrower's Routing Number (Must be 9 digit number)			Account Number
Type of account: Personal Checking ___ Personal Savings ___			
Has this account been open at least 6 months? ___ yes ___ no		Does this account accept ACH debits? ___ yes ___ no Is this account active and in good standing? ___ yes ___ no	
Bank Representative Signature		Bank Phone Number: (____) _____ - _____ ext. _____	
Bank Representative Name (print)		Date: _____ / _____ / _____	
Please fax to Kahuna Payment Solutions, LLC: 1-309-828-3082			

<p style="text-align: center;">Bank must stamp this section to verify the information on this page:</p>	<p>Kahuna Payment Solutions, LLC 807 Arcadia Drive, Suite C Bloomington, IL 61701 1-800-260-7506</p>
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