



http://www.flexpayplus.com

STORE NAME
STORE PHONE
STORE FAX
FPP USERNAME (STORE NUMBER)

**APPLICANT INFORMATION**

Applicant Name:		SSN:		
Street Address:		City, State, Zip		
Home Phone:	Cell Phone:	E-mail:		
ID Type	<input type="checkbox"/> Drivers License <input type="checkbox"/> CURP <input type="checkbox"/> U.S. Military ID	ID #:	Expiration Date:	State Issued:
	<input type="checkbox"/> State ID <input type="checkbox"/> U.S. Passport <input type="checkbox"/> Matricula Card			
Date of Birth:				

**MARITAL STATUS: WISCONSIN ONLY**

<input type="checkbox"/> Unmarried <input type="checkbox"/> Married <input type="checkbox"/> Legally Separated	Spouse's Name:
Spouse's Address	City, State, Zip:

WISCONSIN ONLY

**EMPLOYMENT INFORMATION**

Place of Employment	Employer Phone No.
---------------------	--------------------

**REFERENCES**

Name of Nearest Relative NOT Living with You:	Relationship:
Reference Phone:	

**PERSONAL BANK INFORMATION:**

Account Type:	Routing Number	Account Number:
<input type="checkbox"/> Checking <input type="checkbox"/> Savings		
Bank Name:		

**Customer Signature**

By signing above I authorize the generation of a FlexPay PLUS® security agreement and ACH authorization form which will be considered executed upon signature. I authorize Kahuna Payment Solutions, LLC or its designee to collect personal information from the following sources to determine whether I qualify for the FlexPay PLUS® program: 1. The financial institution listed above, 2. Other relevant parties, 3. Public Records, 4. Other sources as necessary. All the information in this application is true. You have my permission to check it. You may retain this application if not approved. WE MAY REPORT ANY AND ALL INFORMATION ABOUT YOUR ACCOUNT TO CREDIT BUREAUS. LATE PAYMENTS, MISSED PAYMENTS, OR OTHER DEFAULTS ON YOUR ACCOUNT MAY BE REFLECTED IN YOUR CREDIT REPORT. To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account. What this means to you: when you open an account, we will ask for your name, address, date of birth and other information that will allow us to identify you. Kahuna Payment Solutions will also ask to see your government issued identification.

**Collection and Use of Bank Account Information**

If we extend credit to a consumer, we will consider the bank account information provided by the consumer as eligible for use to process payments against. In addition, as part of our information collection process, we may detect additional bank accounts under the ownership of the consumer. We will consider these additional accounts to be part of the application process.

Please fax to: (309) 661-2563

