



SIGNATURE LOANS

and more

Corporate Office
8304 Wornall Rd.
Kansas City, MO 64114
Phone: 800-892-3006
Fax: 800-241-6793
www.kingofcash.com

Application

Customer Information

Last Name		First Name		MI	
Address				Apt.	
City		State		Zip Code	
How long at this address?					
Email Address:					

Please enter a valid e-mail address. We use this address to send you important information regarding your loan. If our e-mails to you are returned, processing your application could be delayed.

Social Security Number	-	-	Date of Birth	
Home Phone	()		Fax Number	()
Daytime Contact Number	()			

We must be able to contact you by phone in order to complete your application.

Type of ID		ID Number	
ID State		Expiration Date	

You must also have a valid Driver's License, Military or State Identification Card.

How did you hear about us?	
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Income Information

Income Type (fixed or employed)	
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EMPLOYED: If employed fill in the section below

Employer Name		Avg. hours/week		
Job Title		Work Phone	()	
Employer's Address				
City		State		Zip
Supervisor's Name		Supervisor's Phone	()	

FIXED: If you have fixed income fill in section below

Income Source		Income Amount	
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Banking Information

Bank Name _____
 Routing # _____
 Account # _____
 Check # _____
 How Long? _____ Years _____ Months
 Do you write checks? _____ Yes _____ No

Your Full Name 1234 Street Name City, State, Zip	1234 <small>09-234-YY 888</small>
Pay to the Order of _____ \$ _____ <div style="text-align: right;"><small>DOLLARS</small></div>	
For _____ :123456789 :123456789123 :1234	
<small>ABA or Bank Routing Number</small>	<small>Bank Account Number</small>
	<small>Check Number</small>

Credit/Debit Card Information



Cardholder's NAME _____
 CARD NUMBER _____
 Exp. DATE _____ month _____ year
 LOGO (check one) _____ VISA _____ MasterCard
 Type of Card (check one) _____ Debit _____ Credit