



APPLICANT INFORMATION										
FULL NAME			SS#		HOME PHONE		CELL PHONE		BIRTH DATE	
PRESENT STREET ADDRESS				CITY		COUNTY		STATE	ZIP	HOW LONG?
DO YOU OWN OR RENT OWN RENT	RENT/MORTGAGE PAYMENT \$			ARE YOU A US CITIZEN? YES NO			EMAIL			
FORMER STREET ADDRESS				CITY		STATE		ZIP	YEARS THERE	
EMPLOYER				ADDRESS				BUSINESS PHONE		
POSITION/TITLE		DATE HIRED	ANNUAL INCOME		FORMER EMPLOYER ADDRESS (IF LESS THAN 3 YEARS AT CURRENT PLACE OF EMPLOYMENT)					
ARE YOU A PILOT? YES NO				FAA CERTIFICATE HELD:		<input type="checkbox"/> STUDENT	<input type="checkbox"/> PRIVATE	<input type="checkbox"/> COMM.	<input type="checkbox"/> ATP	
TOTAL HOURS				TOTAL HOURS TYPE		RATINGS: <input type="checkbox"/> AMEL	<input type="checkbox"/> INSTRUMENT	<input type="checkbox"/> OTHER	SPORT	
CO-APPLICANT/SPOUSE: APPLICANT'S SPOUSE MUST COMPLETE THE SECTION BELOW IF THE APPLICANT IS RELYING ON THE SPOUSE'S INCOME AS A BASIS FOR REPAYMENT OF THE CREDIT, OR IF THE APPLICANT RESIDES IN ARIZONA, CALIFORNIA, HAWAII, IDAHO, LOUISIANA, MICHIGAN, NEBRASKA, NEVADA, NEW MEXICO, OKLAHOMA, OREGON, TEXAS OR WASHINGTON.										
FULL NAME			SSN		HOME PHONE		BIRTH DATE			
PRESENT STREET ADDRESS				CITY		COUNTY		STATE	ZIP	HOW LONG?
<input type="checkbox"/> OWN	<input type="checkbox"/> RENT	RENT/MORTGAGE PAYMENT \$			US CITIZEN <input type="checkbox"/> YES <input type="checkbox"/> NO		E-MAIL:			
FORMER STREET ADDRESS				CITY		STATE		ZIP	YEARS THERE	
EMPLOYER				ADDRESS				BUSINESS PHONE		
POSITION/TITLE		DATE HIRED	ANNUAL INCOME		FORMER EMPLOYER ADDRESS (IF LESS THAN 3 YEARS AT CURRENT PLACE OF EMPLOYMENT)					
ARE YOU A PILOT? <input type="checkbox"/> YES <input type="checkbox"/> NO				FAA CERTIFICATE HELD:		<input type="checkbox"/> STUDENT	<input type="checkbox"/> PRIVATE	<input type="checkbox"/> COMM.	<input type="checkbox"/> ATP	
TOTAL HOURS				TOTAL HOURS TYPE		RATINGS: <input type="checkbox"/> AMEL	<input type="checkbox"/> INSTRUMENT	<input type="checkbox"/> OTHER	SPORT	
AIRCRAFT INFORMATION (NOTE: PLEASE ATTACH AIRCRAFT SPECIFICATION SHEET TO THIS APPLICATION)										
AIRCRAFT WILL BE REGISTERED TO*: <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> CO-OWNERSHIP <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> CORPORATION <input type="checkbox"/> LLC										
YEAR	MAKE		MODEL		REGISTRATION NAME		FAAN #	SERIAL #	WHERE WILL THIS AIRCRAFT BE BASED?	
HANGARED <input type="checkbox"/> YES <input type="checkbox"/> NO		WILL THE AIRCRAFT BE USED FOR TRAINING OR PART 135 <input type="checkbox"/> YES <input type="checkbox"/> NO, IF YES GIVE ESTIMATE OF ANNUAL HOURS _____								
TOTAL AIRFRAME TIME: _____		TIME SINCE MAJOR OVERHAUL: _____		LE _____		RE _____		LAST ANNUAL DATE: _____		
MAJOR MODIFICATIONS:				AVIONICS:						
LOGS COMPLETE <input type="checkbox"/> YES <input type="checkbox"/> NO		DAMAGE HISTORY <input type="checkbox"/> YES <input type="checkbox"/> NO, IF YES DESCRIBE:								
LOGS ORIGINAL <input type="checkbox"/> YES <input type="checkbox"/> NO										
SELLER'S NAME:					SELLER'S PHONE NUMBER:					
1. SELLING PRICE		2. CASH DOWN PAYMENT		3. TRADE-IN (TRADE NET)		TOTAL DOWN PAYMENT		5. UNPAID BALANCE OF CASH PRICE (1 MINUS 2 MINUS)		6. LOAN AMOUNT REQUESTED
\$		\$		\$		\$		\$		\$
DESCRIPTION OF TRADE-IN MAKE: _____ MODEL: _____ YEAR: _____										
BUSINESS INFORMATION (IF SELF-EMPLOYED)										
NAME OF PARTNERSHIP, CORPORATION, OR LLC:										
TYPE OF BUSINESS:			FED I.D./TAX NO. (EIN)		STATE & DATE OF INCORPORATION			PRODUCT OR SERVICE PERFORMED:		
Address:					CITY:		STATE:	ZIP:		
PHONE:		FAX:		E-MAIL:						
FISCAL YEAR-END:		NO. OF EMPLOYEES		WEB PAGE						
PRINCIPLES NAME				% OWNERSHIP		TITLE				
BUSINESS FINANCIAL OBLIGATIONS AND/OR CREDIT REFERENCES (USE ADDITIONAL SHEET IF NECESSARY)										
NAME, CITY, STATE						AMOUNT OF LOAN		BALANCE		
						\$		\$		
						\$		\$		

PERSONAL FINANCIAL STATEMENT

NOTE: IF YOU REQUIRE MORE ROOM TO SUBMIT YOUR FINANCIAL INFORMATION, PLEASE SIGN, DATE AND ATTACH TO THIS FORM A SEPARATE PAGE. NOTE: FOR CO-APPLICANT: PLEASE DUPLICATE THIS PAGE, FILL IN COMPLETELY, APPLICANT AND CO-APPLICANT MUST SIGN BOTH PAGES.

APPLICANT NAME		SPOUSE NAME	
STATEMENT OF FINANCIAL CONDITIONS AS OF DATE:			
ASSETS <small>(DO NOT INCLUDE ASSETS OF DOUBTFUL VALUE)</small>	IN DOLLARS	LIABILITIES	IN DOLLARS
CASH ON HAND AND IN BANKS	\$	NOTES PAYABLE TO BANKS — SECURED	\$
U.S. GOV'T & MARKETABLE SECURITIES (SCHED. A)	\$	NOTES PAYABLE TO BANKS — UNSECURED	\$
NON-MARKETABLE SECURITIES	\$	DUE TO BROKERS	\$
SECURITIES HELD BY BROKER IN MARGIN ACCOUNTS	\$	AMOUNTS PAYABLE TO OTHERS — SECURED	\$
RESTRICTED OR CONTROL STOCKS	\$	AMOUNTS PAYABLE TO OTHERS — UNSECURED	\$
PARTIAL INTEREST IN REAL ESTATE EQUITIES	\$	ACCOUNTS AND BILLS DUE	\$
REAL ESTATE OWNED (SCHED. B)	\$	UNPAID INCOME TAX	\$
LOANS RECEIVABLE	\$	OTHER UNPAID TAXES AND INTEREST	\$
AUTOMOBILES AND OTHER PERSONAL PROPERTY	\$	REAL ESTATE MORTGAGES PAYABLE (SCHED. B)	\$
CASH VALUE — LIFE INSURANCE	\$	OTHER DEBTS- ITEMIZE:	\$
OTHER ASSETS — ITEMIZE:	\$		\$
	\$	TOTAL LIABILITIES	\$
	\$	NET WORTH	\$
TOTAL ASSETS	\$	TOTAL LIABILITIES AND NET WORTH	\$
SCHEDULE A – U.S GOVERNMENT & MARKETABLE SECURITIES			
NUMBER OF SHARES OR FACE VALUE (BONDS)	DESCRIPTION	IN NAME OF	ARE THESE PLEDGED?
			\$
			\$
			\$
			\$
SCHEDULE B – REAL ESTATE OWNED			
ADDRESS & TYPE OF PROPERTY	TITLE IN NAME OF	DATE ACQUIRED	Market Value
			\$
			\$
			\$
			\$
SCHEDULE C – BANKS OR FINANCE COMPANIES WHERE CRDIT HAS BEEN OBTAINED			
NAME & ADDRESS OF LENDER	CREDIT IN THE NAME OF	SECURED OR UNSECURED?	ORIGINAL DATE
			\$
			\$
			\$
			\$
SCHEDULE D – SOURCES OF INCOME FOR YEAR ENDED:			
Real Estate Income	DIVIDENDS	SALARY, BONUS, COMMISS.	OTHER INCOME (ALIMONY, CHILD SUPPORT OR SEPARATE MAINT.)
\$	\$	\$	\$
			TOTAL
			\$
Please answer the following questions:			
DO YOU HAVE ANY CONTINGENT FINANCIAL LIABILITIES?			
IF YES, PLEASE SPECIFY BELOW			
• AS ENDORSER, CO-MAKER OR GUARANTOR?	YES	NO	IF YES, TO WHOM? AMOUNT \$
• CHILDSUPPORT / ALIMONY?	YES	NO	AMOUNT: \$
• LEGAL CLAIMS?	YES	NO	AMOUNT: \$
• OTHER SPECIAL DEBT?	YES	NO	AMOUNT: \$
• CONTESTED INCOME TAX LIENS?	YES	NO	AMOUNT \$
INCOME TAX RETURNS FILED THROUGH WHAT DATE?			
ARE ANY RETURNS CURRENTLY BEING AUDITED OR CONTESTED?	YES	NO	IF YES, FOR WHAT YEAR(S)?
ARE ANY OF YOUR TAX OBLIGATIONS PAST DUE?	YES	NO	AMOUNT \$
REQUIRED PERSONAL RETURNS: <input type="checkbox"/> PRIOR 2 YRS. 1040 TAX RETURNS (ALL SCHEDULES)		IF APPLICABLE: <input type="checkbox"/> PRIOR 2 YRS. BUSINESS TAX RETURNS <input type="checkbox"/> CURRENT YEAR FINANCIALS	

SIGNATURE/DATE

APPLICANT _____

CO-APPLICANT _____

DATE _____

(I) (WE) CERTIFY THAT THE INFORMATION INSERTED HEREIN IS TRUE, CORRECT AND COMPLETE.

DISCLOSURES

Consent to Use of a Consumer Credit Report

The undersigned individual(s) recognize that personal credit history may be a factor in the evaluation of the credit history or credit worthiness of the applicant or in the evaluation of his or her personal guarantee of the obligations of the credit applicant (if applicable). Further, a condition of credit approval may include their guarantee, and the undersigned hereby instruct and authorize US Aircraft Finance, LLC, including all subsidiaries, affiliates, and assigns thereof (collectively "USAF") to obtain and use consumer credit reports pertaining to each individual's credit history and/or credit worthiness from any credit reporting agency from which USAF receives such reports, in connection with the application for the extension of credit by USAF.

In connection with any such application for credit, the undersigned further agrees that USAF's permission to obtain a consumer credit report on the undersigned and any guarantor shall be ongoing and shall relate not only to the evaluation and/or extension of the credit requested, but also for purposes of reviewing the account, increasing the credit line on the account (if applicable), taking collection action on the account, and for any legitimate business purpose associated with the account as may be needed from time to time.

I/We further authorize USAF to give data contained in this application and credit information about any guarantor to its subsidiaries, affiliates and agents.

Release of Credit Information

Authorization is hereby granted to all credit reporting agencies, banks, and all other companies to release credit and financial information to USAF from time to time, which USAF deems necessary to establish and maintain credit. I/We further authorize any company or individual from whom I/We may have obtained or requested credit to furnish USAF with the details of that transaction. I/We agree to provide current financial information upon request, in a form acceptable to USAF.

Equal Credit Opportunity Act Notice

Notice: USAF is an Equal Opportunity Lender. The Federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, handicap, marital status, age (provided that applicant has the capacity to enter into a binding contract); because all or part of the applicant's income derives from any public assistance program; or because the applicant has in good faith exercised any right under the Consumer Credit Protecting Act. The Federal agency that administers compliance with this law concerning this creditor is Federal Trade Commission, Equal Credit Opportunity, Washington DC 20580.

Request for Credit – Please read below, check the appropriate box(s), sign and date.

I/We certify that the information herein and any other information submitted at any other time to USAF has been carefully read and is true, correct and complete. I/We authorize USAF: (i) to review my/our credit and employment histories and any other information in order to process this application, service my/our account, and manage its relationship with me/(us, and (ii) to communicate with others, to the extent permitted by law, such information and its experience with me. I/We are submitting all such information with the intent to secure financing and understand that lenders rely on this information in evaluating and granting the credit requested.

I am requesting credit as an individual in my own name and am relying on my own income and assets and not the income and assets of another person.

I am requesting credit as an individual in my own name and am relying on my own income and assets as well as the income and assets from other sources

I am requesting credit jointly or an account that I will use with another person.

We intend to apply for joint credit.

Signature of Applicant

Date

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If you have an electronic signature, you may add it above.
If you do not, please type in your name and we will contact you for your signature later.

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