



## Applicant

First Name	Middle Initial	Last Name	US Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No	Referral Source
			Other (explain)	
Social Security Number	Day Phone	Evening Phone	Cellular Phone	Fax
Street Address	City/State/Zip	How long at the current address	Email	
Employer Name	Employer Street Address	City/State/Zip	Phone	Fax
Position	Length of Employment	URL		

## Co-Applicant/Guarantor

First Name	Middle Initial	Last Name	US Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No	Referral Source
			Other (explain)	
Social Security Number	Day Phone	Evening Phone	Cellular Phone	Fax
Street Address	City/State/Zip	How long at the current address	Email	
Employer Name	Employer Street Address	City/State/Zip	Phone	Fax
Position	Length of Employment	URL		

## Business Information complete this section only if you are: self-employed applying in business name (please check one)

Type of Business	<input type="checkbox"/> Corporation	<input type="checkbox"/> S-Corporation	<input type="checkbox"/> Partnership	<input type="checkbox"/> Individual Proprietor	<input type="checkbox"/> LLC
Name	Federal ID/TIN	Street Address	City/State/Zip		
State and Date of Incorporation		Organizational ID#			
Business Phone	Cellular Phone	Business Fax	Email	URL	
Occupation/Title	How long at this position	Ownership Interest %			
Other Principals' Names	Title	Interest %			

## Loan Preferences

Is it a <input type="checkbox"/> Purchase <input type="checkbox"/> Refinance <input type="checkbox"/> Engine/Avionics Upgrade	Requested Loan Amount	Purchase Price	Down Payment
Purpose/Primary Use of Aircraft (choose one) <input type="checkbox"/> Business <input type="checkbox"/> Pleasure	Period to Amortize <input type="checkbox"/> 5 <input type="checkbox"/> 10 <input type="checkbox"/> 15 years; Other		
Interest rate preference <input type="checkbox"/> Fixed <input type="checkbox"/> Variable			

## Aircraft Information

Seller is a <input type="checkbox"/> Dealer <input type="checkbox"/> Broker <input type="checkbox"/> Owner	Seller Name	Address	Phone/Fax/Email/URL
FAA Registration will be (choose one) <input type="checkbox"/> Individual <input type="checkbox"/> Co-Ownership <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> S-Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Trust			
Registration Name	SS # or TIN	Address	Phone/Fax/Email/URL
Are you a Pilot? <input type="checkbox"/> Yes <input type="checkbox"/> No	Ratings/Total P.I.C. hours	Is this the first aircraft you have owned? <input type="checkbox"/> Yes <input type="checkbox"/> No	