



## Aviation Financing Application Complete and FAX to 856-885-9458



<b>Referral Name</b>	Eagle Aviation	<input type="checkbox"/> ACE Contact <input type="checkbox"/> FBO / Flight School <input type="checkbox"/> Other _____
<b>PURPOSE OF LOAN</b>	<input type="checkbox"/> Aircraft Purchase <input type="checkbox"/> Refinance <input type="checkbox"/> Upgrade (Avionics, Paint, Interior, Conversion) <input type="checkbox"/> Training <input type="checkbox"/> Hangar Construction <input type="checkbox"/> Airport Improvements <input type="checkbox"/> Business Loan/Other (Please Explain) _____	
<b>Applicant</b>		<b>Co-Applicant</b>
<b>PERSONAL INFORMATION</b>		
<small>* Federal Law requires us to collect and verify your name, residential address, social security number, and date of birth.</small>		
If you intend to apply for joint credit, please initial here (Applicant) _____ (Co-Applicant) _____.		
First Name *      MI      Last Name *      Suffix *	First Name *      MI      Last Name *      Suffix *	
Licensed Pilot?      Hours      Ratings <input type="checkbox"/> Yes <input type="checkbox"/> No	Licensed Pilot?      Hours      Ratings <input type="checkbox"/> Yes <input type="checkbox"/> No	
Address *      Years at Residence <input type="checkbox"/> Rent <input type="checkbox"/> Own	Address *      Years at Residence <input type="checkbox"/> Rent <input type="checkbox"/> Own	
City *      State *      Zip *	City *      State *      Zip *	
Home #      Cell #	Home #      Cell #	
E-mail Address		
Social Security # *      Date of Birth *      US Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No	Social Security # *      Date of Birth *      US Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Mortgage/Rent Payment \$      Other \$      # of Dependents	Mortgage/Rent Payment \$      Other \$      # of Dependents	
Are you obligated to make alimony, child support, or separate maintenance payments? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, amount \$	Are you obligated to make alimony, child support, or separate maintenance payments? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, amount \$	
Are there any unsatisfied judgments against you? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, to whom?	Are there any unsatisfied judgments against you? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, to whom?	
Have you ever declared bankruptcy? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, when?	Have you ever declared bankruptcy? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, when?	
<b>EMPLOYMENT INFORMATION</b>		
<small>** Income from alimony, child support, or separate maintenance payment need not be revealed if you do not wish to have it considered as a basis for repaying this obligation.</small>		
Employer      Years with Employer <input type="checkbox"/> Self-Employed	Employer      Years with Employer <input type="checkbox"/> Self-Employed	
Employer's Address		
City      State      Zip	City      State      Zip	
Phone #      Title/Position	Phone #      Title/Position	
Gross Income \$ <input type="checkbox"/> Monthly <input type="checkbox"/> Annual	Gross Income \$ <input type="checkbox"/> Monthly <input type="checkbox"/> Annual	
Other Income ** \$      Source of Income <input type="checkbox"/> Monthly <input type="checkbox"/> Annual	Other Income ** \$      Source of Income <input type="checkbox"/> Monthly <input type="checkbox"/> Annual	
<b>BUSINESS INFORMATION (If Applicable)</b>		
<small>* Federal Law requires us to collect and verify the business name, business physical address, and employer/tax identification number.</small>		
Name of Company (Corporation, Partnership, LLC, other) *	Type of Business	Product / Service Provided
Address *	Federal / Tax ID number (EIN) *	Date of Incorporation      State
City *      State *      Zip *	Fiscal Year End	Number of Employees
Phone #      Fax #		
Principal's Name	% Ownership	Title

Please complete the second page, sign and date in order to expedite the processing of your application.

**ALSO REQUIRED:**

<input type="checkbox"/> 2 Years Personal Tax Returns	<input type="checkbox"/> 2 Years Business Tax Returns and Financial Statements (if Self-Employed)	<input type="checkbox"/> Aircraft Specification (if applicable)
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AIRCRAFT INFORMATION (If applicable)				
Aircraft will be registered to <input type="checkbox"/> Individual <input type="checkbox"/> Co-Owners <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Other (Please Specify) _____				
<input type="checkbox"/> New <input type="checkbox"/> Used Year	Make	Model	FAA Registration # <b>N</b>	Serial #
Airframe Total Time (TTAF)		Since Major Overhaul (SMOH) Single or Left Engine		SMOH Right Engine
Date of Last Annual	Airport at which aircraft will be based Name		Identifier	Will aircraft be hangared? <input type="checkbox"/> Yes <input type="checkbox"/> No
Other significant information (avionics, damage, upgrades, etc.) Please include aircraft spec sheet with application if available.			Primary Use	
Seller's Name		Home #	Cell #	<input type="checkbox"/> Private Individual <input type="checkbox"/> Dealer / Broker
Purchase Price \$	Down Payment \$	Trade \$	Finance \$	Requested Term
Insurance Company		Phone #	Contact	

PERSONAL FINANCIAL STATEMENT							
** Income from alimony, child support, or separate maintenance payment need not be revealed if you do not wish to have it considered as a basis for repaying this obligation.							
	Wages	Interest / Dividends	Net Rental	Distributions	Pensions / Social Security	Other Income **	Total Income
Applicant	<input type="checkbox"/> Monthly <input type="checkbox"/> Annual						
Co-Applicant	<input type="checkbox"/> Monthly <input type="checkbox"/> Annual						
Assets	In Dollars			Liabilities		In Dollars	
Cash on Hand and in Banks				Notes Payable to Banks – Unsecured			
Other Liquid Assets				Notes Payable to Banks – Secured			
Marketable Securities				Other Notes Payable			
Non-Marketable Securities				Credit Cards			
Retirement / 401K				Unpaid Taxes / Judgments / Liens			
Ownership and Businesses				Accounts and Bills Due			
Notes and Mortgages Receivable				Notes and Mortgages Payable			
Life Insurance Cash Value							
Autos / RVs / Boats				Notes due on Autos / RVs / Boats			
Primary Residence (Market Value)				Mortgage(s) on Primary Residence			
Secondary Residence (Market Value)				Mortgage(s) on Secondary Residence			
Rental Properties (Market Value)				Mortgage(s) on Rental Properties			
Aircraft Value (Presently Owned)				Aircraft Loan Balance			
Other Assets				Other Liabilities			
<b>Total Assets</b>				<b>Total Liabilities</b>			
				<b>NET WORTH (Subtract Total Liabilities from Total Assets)</b>			

I represent that the above information is true and accurate and that I am at least 18 years old and either a US citizen or permanent resident. I request Aviation Capital Experts LLC (ACE) to grant credit or to determine whether I may be eligible for credit from ACE or another with whom ACE has a business relationship. I agree that although ACE is acting on my behalf to arrange credit, I hereby acknowledge that I am solely responsible for deciding if any credit offered should be accepted or is on the best available terms. I authorize ACE, its affiliated lenders, associates, or another with whom ACE has a business relationship to investigate and share my credit history and other pertinent credit information and to process this application, service my account, and manage its relationship with me. If credit is granted, I authorize the underwriting lender to report any information concerning me and/or the loan to consumer credit reporting agencies and other industry sources. I authorize all trade references, banks, and credit reporting agencies to disclose to ACE any and all information concerning the financial and credit history of me. "I", "we", "me", or "us" means each applicant that signs below. I have read the terms and conditions stated above and agree to all of these terms and conditions.

Applicant's Signature	Date
Co-Applicant's Signature	Date