

Section 1: Please Tell Us About Your Loan Request				Please check the appropriate disclosure boxes below:			
I/(We) hereby make application for a loan for <input type="checkbox"/> Purchase <input type="checkbox"/> Refinance	Intended Usage: <input type="checkbox"/> Recreational <input type="checkbox"/> Business <input type="checkbox"/> Part 135	<input type="checkbox"/> INDIVIDUAL: I am applying for an individual account in my own name, and am relying on my own income and assets, and not the income or assets of another person, as the basis for repayment of the credit requested.	<input type="checkbox"/> JOINT: We are applying for joint credit, and are relying on our joint income and assets as the basis for repayment for the credit requested.	Type of Pilot Certificate: <input type="checkbox"/> Student <input type="checkbox"/> Private <input type="checkbox"/> Commercial <input type="checkbox"/> ATP			
Collateral & Transaction Information: This unit is <input type="checkbox"/> NEW <input type="checkbox"/> USED							
Year	Make	Model	FAA #	Engine Make	Last Annual	TTAF	SMOH
Purchase Price	Trade Allowance	Sales Tax	Trade Payoff	Cash Down	Loan Request	Term Request	
Trade-In Information: (If applicable)							
Year	Make	Model	FAA #	Engine Make	Last Annual	TTAF	SMOH
Section 2: Please Tell Us About Yourself							
First Name	Last Name	M.I.	Date of Birth	Social Security	Are you a US Citizen? <input type="checkbox"/> YES <input type="checkbox"/> NO		
Present Street Address (Please include City, State and Postal Code)				Time at Residence	Monthly Payment	Lender/Landlord	
Prior Street Address (If less than three years at current residence)					Time at Prior Residence		
Primary Phone (required)	Cell Phone	Work Phone		Email Address:			
You agree as follows: On each phone number that you give us on this application, whether land line or cell phone, you consent to Lending Associates, its affiliates, our agents, and assignees of any of us contacting you at the number by calling, texting, or sending other electronic messages, from time to time, for any reason about your accounts the lender and its affiliates, including but not limited to, for collection and payment purposes. You agree that automated dialing equipment or prerecorded voice messages may be used for any of these purposes.							
Name of Employer			Position / Occupation	Gross Monthly Income	Time at Employment		
Prior Employer (if less than 3 years above)			Position / Occupation	Gross Monthly Income	Time at Employment		
Source of Additional Income: Rental Properties/Pension/Retirement/Social Security (You do not have to include information about income from alimony, child support, or separate maintenance payments, unless you want this income to be considered in connection with this application)					Annual Additional Income:		
Section 3: Please Tell Us About Your Co-Applicant							
First Name	Last Name	M.I.	Date of Birth	Social Security	Are you a US Citizen? <input type="checkbox"/> YES <input type="checkbox"/> NO		
Present Street Address (If different from Applicant above):				Time at Residence			
Primary Phone (required)	Cell Phone	Work Phone		Email Address:			
You agree as follows: On each phone number that you give us on this application, whether land line or cell phone, you consent to Lending Associates, its affiliates, our agents, and assignees of any of us contacting you at the number by calling, texting, or sending other electronic messages, from time to time, for any reason about your accounts with the lender and its affiliates, including but not limited to, for collection and payment purposes. You agree that automated dialing equipment or prerecorded voice messages may be used for any of these purposes.							
Name of Employer			Position / Occupation	Gross Monthly Income	Time at Employment		
To help the government fight the funding of terrorism and money laundering activities, the USA Patriot Act requires all financial institutions to obtain, verify, and record information that identifies each customer who opens an account. Therefore, all new and existing customers are subject to the identity verification requirements. I/We authorize the Creditor to make whatever credit inquiries it deems necessary in connection with this credit application or in the course of review or collection of any credit extended in reliance on this application. I/We authorize and instruct any person, including but not limited to, all local, state, or federal governmental agencies, or consumer reporting agencies, to complete and furnish the Creditor any information that it may have or obtain in response to such credit inquiries and agree that such information, along with this application, shall remain the Creditor's property whether or not credit is extended. I/We authorize the Creditor to furnish credit information, including insurance information, to persons who may lawfully receive and use such information.							
Referral: Unless I/we initial here, you are hereby authorized to share this application and credit information with your affiliates or other lenders, which may consider my/our application for loan approval/purchase. Applicant/Co-Applicant initials ____/____. However if you initial here we will NOT be able to process your request with one of our lending partners.							
I/We certify that the information provided in this application is being given for the purpose of obtaining the credit described above and is true and correct as of this date.							

Applicant Signature

Date

Co-Applicant Signature

Date