

## Aircraft Financing Application

### Aircraft Information

<input type="checkbox"/> New <input type="checkbox"/> Used	Year	Make	Model	FAA Registration #	Serial #
<input type="checkbox"/> Single Engine <input type="checkbox"/> Multi-Engine	Airframe Total Hours	SMOH – Single/Left	SMOH - Right	Damage History?	<input type="checkbox"/> YES <input type="checkbox"/> NO
<input type="checkbox"/> Private <input type="checkbox"/> Dealer/Broker	Seller's Name			Phone	
Purchase Price \$	Sales Tax +\$	Cash Down Payment -\$	Trade-In Allowance -\$	Amount Owed on Trade +\$	Total Loan Request =\$ /
<input type="checkbox"/> Purchase <input type="checkbox"/> Refinance <input type="checkbox"/> Cash-Out	Intended Use	<input type="checkbox"/> Part 91 <input type="checkbox"/> Part 135	Intended Ownership	<input type="checkbox"/> Individual <input type="checkbox"/> Joint <input type="checkbox"/> LLC	<input type="checkbox"/> Corporate <input type="checkbox"/> Other

Please attach a Spec Sheet for the Aircraft when you submit your application! Other Comments:

### Personal Information

*Federal Law requires us to collect and verify your name, residential address, social security number and date of birth*

Applicant			Co-Applicant		
First Name	MI	Last Name	First Name	MI	Last Name
Address			Address		
City	State	Zip	City	State	Zip
Home #	Work #	Cell #	Home #	Work #	Cell #
Email Address			Email Address		
Birth Date	SS#	U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No	Birth Date	SS#	U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No
Mortgage Pmt \$	Rent Pmt \$	Other	Mortgage Pmt \$	Rent Pmt \$	Other
Years at Residence	No. of Dependents		Years at Residence	No. of Dependents	
Previous (If less than 5 years at current address) Address			Previous (If less than 5 years at current address) Address		
City	State	Zip	City	State	Zip
Nearest Relative (Not living with you) Name			Nearest Relative (Not living with you) Name		
Phone	Relationship		Phone	Relationship	
Licensed <input type="checkbox"/> Yes Pilot? <input type="checkbox"/> No	Ratings	Hours	Licensed <input type="checkbox"/> Yes Pilot? <input type="checkbox"/> No	Ratings	Hours
Are there any outstanding liens or judgments against you? <input type="checkbox"/> Yes <input type="checkbox"/> No Have you ever declared bankruptcy? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, When?			Are there any outstanding liens or judgments against you? <input type="checkbox"/> Yes <input type="checkbox"/> No Have you ever declared bankruptcy? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, When?		
Do you pay Alimony/Child Support? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please state amount:			Do you pay Alimony/Child Support? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please state amount: \$		

### Employment Information

Employer	<input type="checkbox"/> Active <input type="checkbox"/> Retired	Employer	<input type="checkbox"/> Active <input type="checkbox"/> Retired		
Address		Address			
City	State	Zip	City	State	Zip
Phone	Title		Phone	Title	
Dates Employed From	To		Dates Employed From	To	
Previous (If less than 5 years at current employer) Employer			Previous (If less than 5 years at current employer) Employer		
Address			Address		
City	State	Zip	City	State	Zip
Phone	Title		Phone	Title	

*To process your application as quickly as possible, please complete page 2, sign and date before sending to us!*

# Freedom Aero Credit



Financial and Credit History			
Bank	Account	Phone	<input type="checkbox"/> Checking <input type="checkbox"/> Savings
Bank	Account	Phone	<input type="checkbox"/> Checking <input type="checkbox"/> Savings

Personal Financial Statement							
Source	Wages	Interest / Dividends	Net Rental	Distributions	Pensions / SS	Other Income*	Total Income
Applicant	<input type="checkbox"/> Monthly <input type="checkbox"/> Annual						
Co Applicant	<input type="checkbox"/> Monthly <input type="checkbox"/> Annual						

\*Alimony, child support or separate maintenance income need not be revealed if you do not wish it to be considered as a basis for repaying this obligation

Assets	In whole dollars	Liabilities	In whole dollars	Payment(s)
Cash on Hand		Notes Payable to Banks - Secured		
Cash in Banks		Credit Cards		
Marketable Securities		Notes Payable to Banks - Unsecured		
Retirement / 401K		Other Notes Payable		
Non-Marketable Securities & Privately owned Business assets		Unpaid Taxes / Judgments Due		
Notes / Accounts Receivable		Other Accounts Due		
Life Insurance <i>(Cash value)</i>		Loans against Life Insurance		
Automobiles		Notes due on Automobiles		
Primary Residence <i>(Market Value)</i>		Mortgage on Primary Residence		
Secondary Residence <i>(Market Value)</i>		Mortgage on Secondary Residence		
Rental Properties <i>(Market Value)</i>		Mortgage on Rental Properties		
Value of Aircraft presently owned		Home Equity/2 <sup>nd</sup> Mortgage Payable		
Deposit on aircraft being purchased		Current Aircraft Loan Balance		
Other Assets <i>(Itemize Below)</i>		Other Liabilities <i>(Itemize Below)</i>		
		<b>Total Liabilities:</b>		
<b>Total Assets:</b>		<b>Net Worth:</b> <i>(Subtract total liabilities from total assets)</i>		

*If you require more room to submit your financial information, please attach a separate page.*

I (We) represent, warrant and affirm that all of the statements made by me (us) in this application are true and correct and have been made by me (us) in order to induce you to grant credit to me (us) and with the knowledge that you will rely thereon without limiting the foregoing. I (we) represent and warrant that no lawsuits or judgments are pending or entered against me (us). I (we) authorize any creditor to whom this application is forwarded to obtain any credit and employment history from any source and to answer questions about its credit or employment experience with me (us). NOTICE: Consumer credit reports may be requested from one or more reporting agencies (Credit Bureaus) in connection with this application. If I (we) request, I (we) will be informed whether any consumer report(s) were requested and if so, the name and address of the consumer reporting agency which furnished the report(s). IMPORTANT INFORMATION ABOUT OPENING YOUR NEW ACCOUNT: TO HELP THE FIGHT OF FUNDING OF TERRORISM AND MONEY LAUNDERING ACTIVITIES, FEDERAL LAW REQUIRES ALL FINANCIAL INSTITUTIONS TO OBTAIN, VERIFY AND RECORD INFORMATION THAT IDENTIFIES EACH PERSON THAT OPENS AN ACCOUNT. MULTIPLE SIGNATURES INDICATES EACH APPLICANTS INTENTION TO APPLY FOR JOINT CREDIT. "I", "we", "me" or "us" means each applicant that signs below. "You" or "Your" means Freedom Aero Credit.

Applicant Signature and Date

Co – Applicant Signature and Date

**Also Required**

- 2 Years Personal Tax Returns
- 2 Years Business Financial Statements (If Self Employed)
- Aircraft Specifications

**Freedom Aero Credit**

**2A Brookside Drive**

**Jericho, VT 05465**

**888-707-3633 Fax: 802-899-5572**