



Aircraft Loan Application

Applicant Information			
Full Legal Name:	Home Phone: Cell Phone:	Date of Birth:	
Email Address:	Street Address/City/State/Zip:	Years at Current Address:	
Is Applicant a U.S. Citizen? Yes <input type="checkbox"/> No <input type="checkbox"/>	Has Applicant ever filed bankruptcy? Yes <input type="checkbox"/> No <input type="checkbox"/>	Current Employer / Length:	
Co-Applicant Information			
Full Legal Name:	Home Phone: Cell Phone:	Date of Birth:	
Email Address:	Street Address/City/State/Zip (If Different)	Years at Current Address:	
Is Co-Applicant a U.S. Citizen? Yes <input type="checkbox"/> No <input type="checkbox"/>	Has Co-Applicant ever filed bankruptcy? Yes <input type="checkbox"/> No <input type="checkbox"/>	Current Employer / Length:	
Employment Information			
Applicant Legal Name:	Social Security Number:	Co-applicant Legal Name:	Social Security Number:
Personal Residence: Own <input type="checkbox"/> Rent <input type="checkbox"/> Years at this residence: Monthly Payment:	Personal Residence: Own <input type="checkbox"/> Rent <input type="checkbox"/> Years at this residence: Monthly Payment:	Personal Residence: Own <input type="checkbox"/> Rent <input type="checkbox"/> Years at this residence: Monthly Payment:	Personal Residence: Own <input type="checkbox"/> Rent <input type="checkbox"/> Years at this residence: Monthly Payment:
Do you own your own business? Yes <input type="checkbox"/> No <input type="checkbox"/> Are you self-employed? Yes <input type="checkbox"/> No <input type="checkbox"/>	Do you own your own business? Yes <input type="checkbox"/> No <input type="checkbox"/> Are you self-employed? Yes <input type="checkbox"/> No <input type="checkbox"/>	Do you own your own business? Yes <input type="checkbox"/> No <input type="checkbox"/> Are you self-employed? Yes <input type="checkbox"/> No <input type="checkbox"/>	Do you own your own business? Yes <input type="checkbox"/> No <input type="checkbox"/> Are you self-employed? Yes <input type="checkbox"/> No <input type="checkbox"/>
Employer's Name:	Employer's Name:	Employer's Name:	Employer's Name:
Employer's Address:	Employer's Address:	Employer's Address:	Employer's Address:
Gross Income - Monthly:	Gross Income - Monthly:	Gross Income - Monthly:	Gross Income - Monthly:
Other Income (describe):	Other Income (describe):	Other Income (describe):	Other Income (describe):
Previous Employer (if less than 2 years):	Previous Employer (if less than 2 years):	Previous Employer (if less than 2 years):	Previous Employer (if less than 2 years):
Have you owned an aircraft before? Yes <input type="checkbox"/> No <input type="checkbox"/>	Have you owned an aircraft before? Yes <input type="checkbox"/> No <input type="checkbox"/>	Have you owned an aircraft before? Yes <input type="checkbox"/> No <input type="checkbox"/>	Have you owned an aircraft before? Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you a current pilot? Yes <input type="checkbox"/> No <input type="checkbox"/>	Are you a current pilot? Yes <input type="checkbox"/> No <input type="checkbox"/>	Are you a current pilot? Yes <input type="checkbox"/> No <input type="checkbox"/>	Are you a current pilot? Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you obligated to make alimony, child support, or separation maintenance payments? Yes <input type="checkbox"/> No <input type="checkbox"/> Amount: \$	Are you obligated to make alimony, child support, or separation maintenance payments? Yes <input type="checkbox"/> No <input type="checkbox"/> Amount: \$	Are you obligated to make alimony, child support, or separation maintenance payments? Yes <input type="checkbox"/> No <input type="checkbox"/> Amount: \$	Are you obligated to make alimony, child support, or separation maintenance payments? Yes <input type="checkbox"/> No <input type="checkbox"/> Amount: \$
Are there any unsatisfied judgments against you? Yes <input type="checkbox"/> No <input type="checkbox"/> Party and Amount:	Are there any unsatisfied judgments against you? Yes <input type="checkbox"/> No <input type="checkbox"/> Party and Amount:	Are there any unsatisfied judgments against you? Yes <input type="checkbox"/> No <input type="checkbox"/> Party and Amount:	Are there any unsatisfied judgments against you? Yes <input type="checkbox"/> No <input type="checkbox"/> Party and Amount:
Are you the co-maker, endorser, or guarantor on any loan or contract? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, to whom: Amount: \$	Are you the co-maker, endorser, or guarantor on any loan or contract? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, to whom: Amount: \$	Are you the co-maker, endorser, or guarantor on any loan or contract? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, to whom: Amount: \$	Are you the co-maker, endorser, or guarantor on any loan or contract? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, to whom: Amount: \$



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IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT - To help the government fight the funding of terrorism and money laundering activities, federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account. What this means for you: When you open an account, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.

✕

Applicant's Signature

Date

✕

Co-Applicant's Signature

Date

Please call us at 1-844-44-AVCAP to discuss any questions you have regarding this application, or to discuss the loan process and what to expect.

When complete, please send your application to:

Kevin Gregor
kgregor@avcapfinancial.com
Fax: 815-550-2204