



Advance Air Capital Finance Application

110 Seaman Ave Suite 7E • New York, NY 10034

Phone: (888) 346-6871 • Fax: (212) 898-1230

Spouse: Applicant's spouse must complete the CO-APPLICANT section if applicant is relying on spouse's income as a basis for repayment of the credit, or if the applicant resides in Arizona, California, Hawaii, Idaho, Louisiana, Michigan, Nebraska, Nevada, New Mexico, Oklahoma, Oregon, Texas or Washington.

AIRCRAFT WILL BE REGISTERED TO: INDIVIDUAL CO-OWNERSHIP PARTNERSHIP CORPORATION LLC

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	SUFFIX	FIRST NAME	MI	LAST NAME	SUFFIX
ADDRESS				ADDRESS			
CITY		STATE	ZIP	CITY		STATE	ZIP
PHONE		YEARS THERE		PHONE		YEARS THERE	
SS#		OWN <input type="checkbox"/> RENT <input type="checkbox"/>		SS#		OWN <input type="checkbox"/> RENT <input type="checkbox"/>	
BIRTH DATE		NO. OF DEPENDENTS:		BIRTH DATE		NO. OF DEPENDENTS:	
Are you a Pilot? YES <input type="checkbox"/> NO <input type="checkbox"/>		Hours:	Ratings:	Are you a Pilot? YES <input type="checkbox"/> NO <input type="checkbox"/>		Hours:	Ratings:
If not, who will fly this aircraft?				If not, who will fly this aircraft?			

EMPLOYMENT INFORMATION

EMPLOYER				EMPLOYER			
ADDRESS				ADDRESS			
CITY		STATE	ZIP	CITY		STATE	ZIP
PHONE		YEARS THERE		PHONE		YEARS THERE	
TITLE		OCCUPATION		TITLE		OCCUPATION	
GROSS MONTHLY INCOME \$				GROSS MONTHLY INCOME \$			
Other income, Alimony, Child Support, or Separate Maintenance Income need not be revealed if you do not wish to have it considered as a basis of repaying this obligation.				Other income, Alimony, Child Support, or Separate Maintenance Income need not be revealed if you do not wish to have it considered as a basis of repaying this obligation.			
OTHER INCOME \$		PER		OTHER INCOME \$		PER	
SOURCE				SOURCE			

FINANCIAL AND CREDIT INFORMATION

BANK	ACCT. NO.	CHECKING <input type="checkbox"/>	SAVINGS <input type="checkbox"/>
BANK	ACCT. NO.	CHECKING <input type="checkbox"/>	SAVINGS <input type="checkbox"/>
Previous Aircraft Financed By:		Contact:	Phone:
Are you obligated to make Alimony, Child Support, or Separate Maintenance Payments? YES <input type="checkbox"/> NO <input type="checkbox"/> IF YES, AMOUNT \$			
Are there any unsatisfied Judgments against you? YES <input type="checkbox"/> NO <input type="checkbox"/> IF YES, TO WHOM OWED?			
Have you EVER declared Bankruptcy? YES <input type="checkbox"/> NO <input type="checkbox"/> IF YES, WHEN?			

BUSINESS INFORMATION (If Applicable)

Federal law requires us to collect and verify the business name, business physical address and employer identification number/tax identification

NAME OF CORP., PARTNERSHIP, LLC		
ADDRESS		
CITY	ST	ZIP
PHONE	FAX	EMAIL/URL
Fiscal Year-End:	Type of Business:	Product or Service Performed:
No. of Employees:	Fed I.D./TAX NO. (E.I.N.):	State & Date of Incorporation:
PRINCIPALS NAME	%OWNERSHIP	TITLE

BUSINESS FINANCIAL OBLIGATIONS AND/OR DIRECT REFERENCES (USE ADDITIONAL SHEET IF NECESSARY)

NAME, CITY, STATE	AMOUNT OF LOAN	BALANCE

AIRCRAFT INFORMATION

YEAR	MAKE	MODEL	FAA REGIS. #	SERIAL NO.
WILL IT BE HANGARED? YES <input type="checkbox"/> NO <input type="checkbox"/> AIRPORT WHERE BASED:				
LAST ANNUAL DATE		TTAF	RE SMOH	LE SMOH
SELLING PRICE \$	CASH DOWN \$	TRADE \$	FINANCE AMOUNT \$	
TERMS DESIRED	INSURANCE CO.	PHONE	PRIMARY USAGE	
SELLER	PHONE	CONTACT		

PERSONAL FINANCIAL STATEMENT
IF ADDITIONAL SCHEDULES ARE USED, PLEASE SIGN, DATE, AND ATTACH THEM TO THIS FORM

ASSETS	IN WHOLE DOLLARS	LIABILITIES	IN WHOLE DOLLARS
Cash on-hand and in Banks		Notes Payable to Banks - Secured	
Marketable Securities – Schedule 1		Notes Payable to Banks - Unsecured	
Non-Marketable Securities		Other Notes Payable	
Closely Held Partnerships/Corporations			
		Unpaid Taxes / Judgments / Liens	
Notes and Accounts Receivable		Accounts and Bills Due	
Real Estate – Schedule 2		Real Estate Mortgages – Schedule 2	
Life Insurance – CASH VALUE		Other Debts	
Other Assets–Itemize (i.e. cars, furnishings)			
		TOTAL LIABILITIES	\$0
TOTAL ASSETS	\$0	NET WORTH (Subtract Total Liabilities from Total Assets)	
Income Taxes Settled through what date?		Additional Assessments:	
Do you have any Contingent Liabilities? YES <input type="checkbox"/> NO <input type="checkbox"/> If YES, give details:		Partner or Officer in any other Venture? YES <input type="checkbox"/> NO <input type="checkbox"/> If YES, give details:	

SCHEDULE 1 – MARKETABLE SECURITIES

Description (Security of Acct Name)	In Name of	No. of Shares or Face Value	Current Price per Share	Current Market Value
Total \$				\$0

SCHEDULE 2– REAL ESTATE OWNED

Description of Property	Name of Creditor	Year Acquired	Titled to	Mortgage Balance	Market Value	Monthly Payment
Total \$						\$0

I (We) certify that the information herein and any other information submitted at any other time to *Advance Air Capital* has been carefully read and is true, correct and complete. I (We) authorize *Advance Air Capital* and its lenders: (i) to review my (our) credit and employment histories and any other information in order to process this application, service my (our) account, and manage its relationship with me (us), and (ii) to communicate with others, to the extent permitted by law, such information and its experience with me (us). I (We) are submitting all such information with the intent to secure financing and understand that lenders rely on this information in evaluating and granting the credit requested.

Are you a U.S. Citizen? YES NO

Signature of applicant _____	Date _____
Signature of co-applicant, if for joint account _____	Date _____