AirCapital Nevada, Inc.

502 N. Division St. Carson City, NV 89703

INDIVIDUAL APPLICATION

information on				1		
APPLICANT INFORMATION: PLE	ASE PRINT	Purchase	Equity	Lease Married		
Applicant Name:				Single		
Social Security Number:		Date of B	Birth:	Circle one		
Street Address:						
City, State, Zip:	County:					
Monthly Payment:		How Long:		Rent Own		
Telephones: Home	Business		Fax	Circle one		
Employer:	How Long:					
Employer's Address:						
Employer's Telephone:	_Yearly Income:	c	occupation: _			
Driver's License Number:		State: Exp:				
Ever financed or leased an aircraft:		If yes, financed or le	eased:			
With whom:						
Prior aircraft make and model:			N	#:		
AIRCRAFT INFORMATION:						
Year, Make & Model:		Serial	Number:			
	Total time on aircraft:					
	Is aircraft operational:					
Who performed the last annual:						
Valid Airworthiness Certificate:						
Engine Serial Number(s) Left: _	 Right:					
Time on engine(s) SMOH Left:		Right:				
Where is the aircraft located:	Airpor	t	City	State		
Presently:						
After Purchase:						
Intended Maintenance Facility:						
AIRCRAFT FINANCIAL INFORMATION:						
Purchase Price:	Down Pay	ment:				
	Anticipated Closing Date:					
	Contact Name:					

Seller - Telephone: _____ Seller Address: __

AirCapital Nevada, Inc.

502 N. Division St. Carson City, NV 89703

INDIVIDUAL APPLICATION

(888)237-6532 <u>aerolease@cox.net</u>

Date:	

Please complete the following and return with the Specification Sheet and Purchase Agreement, if applicable. Any information omitted from application may delay processing

Authorization to obtain credit information:

I authorize prospective Credit Grantors/Lending/Leasing Companies to obtain personal and credit information about me from my employer and credit bureau, or credit reporting agency, any person who has or may have any financial dealing with me, or from any references I have provided.

This information, as well as that provided by me in the application, will be referred to in connection with this lease/finance agreement and any other relationships we may establish from time to time. Any personal and credit information obtained may be disclosed from time to time to other lenders, credit bureaus or other credit reporting agencies.

THIS IS TO CERTIFY that all information contained in my credit application are true and correct. I assume full responsibility for any false statement appearing in this document.

Signature			

RETURN TO 805-969-5896 (FAX)