



AIRCRAFT LOAN APPLICATION AND PERSONAL FINANCIAL STATEMENT

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Serving the aircraft financing industry since 1975, we provide our customers and prospective customers with prompt, knowledgeable and courteous service. Your financing request will be processed in a prudent and timely manner with confidentiality, including contact with your references. Financing requests for larger transactions and complicated business financials may affect the turnaround time. You help assure a prompt decision by supplying a comprehensive package with all required information and documentation; and by being available to answer questions and provide additional information as needed.

In addition to this fully completed application / personal financial statement, we typically require the following items:

Individual Borrower / Personal Guarantor

- Two most recent years complete personal tax returns, including all schedules
- Two most recent years complete tax returns, including all schedules, for any material Schedule E Entities which appear on the personal return
- Liquidity Verifications in the form of recent bank/brokerage statements

Corporate Borrower / Corporate Guarantor

- Individual information for all guarantors
- Two most recent year-end financial statements, plus current interim statements
- Last two years complete corporate tax returns, including all schedules

Applicant / Guarantor Information

Full Name				Social Security Number		Birth Date	
Home Address			City		State	Zip	Years at Residence
Former Address			City		State	Zip	Years at Residence
Driver's License Number		State	U.S. Citizen YES NO	Home Phone	Office / Cell Phone		E-Mail Address
Employer			Address (Street, City, State, Zip)				Years There
Name of Nearest Relative Not Living With You			Address			Phone	

Sources of Income

Salary, Bonuses, Commissions \$ _____
 Dividends, Interest \$ _____
 Real Estate Income \$ _____
 Other \$ _____
Total Annual Income \$ _____

List Below Amounts of Any Contingent Liabilities

As Co-Maker or Guarantor \$ _____
 Legal Claims Against You \$ _____
 Amount of Contested Tax Liens \$ _____
 Other \$ _____
Total Contingent Liabilities \$ _____

Do you have a will?	If so, name executor:		Number of Dependents:
Income Tax Settled Through:	Are you a Party in Any Legal Suits or Actions (If Answer is yes, please explain on an attached sheet)? YES NO Have you or any business entity in which you have been associated, filed for bankruptcy? YES NO		
Are you obligated to pay alimony, child support, or separate maintenance payments? YES NO If so, amount \$ _____			

Co-Applicant / Guarantor Information

Applicant's spouse must complete this section if applicant is relying on the spouse's income as a basis of repayment of the credit and/or relying on the spouse's assets or share of the assets as a basis for obtaining credit.

Full Name				Social Security Number		Birth Date	
Home Address			City		State	Zip	Years at Residence
Former Address			City		State	Zip	Years at Residence
Driver's License Number	State	U.S. Citizen YES NO	Home Phone	Office / Cell Phone		E-Mail Address	
Employer		Address (Street, City, State, Zip)					Years There
Name of Nearest Relative Not Living With You		Address				Phone	

Business Applicant Information – Complete this section if self-employed or are seeking credit in a business name

Name of Corporation, Partnership, Proprietorship (dba), Use Legal Name				Type of Business _Corporation _Partnership _Proprietorship _LLC			
Address			City		State	Zip	
Phone	Fax		State and Date of Incorporation / Formation			D&B Number	
Federal ID Number (EIN)		Product Sold / Service Performed					
Principals			Title			% Ownership	
_____			_____			_____	
_____			_____			_____	
_____			_____			_____	
Name of your Accountant			Phone			Company Fiscal Year End	

Business Financial Obligations and Credit / Trade References – Use additional sheet if necessary

Name, City State	Account Number	Current Balance	Contact Person / Phone Number
Name, City State	Account Number	Current Balance	Contact Person / Phone Number
Name, City State	Account Number	Current Balance	Contact Person / Phone Number
Name, City State	Account Number	Current Balance	Contact Person / Phone Number
Primary Bank	Depository Account Numbers		Contact Person / Phone Number

Aircraft Information – If a specific aircraft has not been selected, leave first three lines blank. Please include specification sheet with your application, if one is available.

Year	Make	Model	FAA Registration	Serial Number	Asking Price (Used) / List Price (new)
Airframe Hours	Engine Hours – SMOH L _____ R _____	Engine Hours – Since HSI L _____ R _____	Engine Work Done By?	Date of Last Annual	
Damage History? YES NO	Any Modifications / Conversions/ STCs? If yes, provide details below or attach a Separate Sheet				
Has an Escrow been established? YES NO If yes, where? _____	Has a Purchase Agreement Been Executed? YES NO If yes, please provide a copy with your application				
Are you a Pilot? YES NO	Ratings / Total Hours	Who Will Fly This Aircraft?			
Base Airport, City, State, County			Hangared? YES NO	Name, Phone, and Email of Insurance Agent	
Use of Aircraft Business Pleasure Commercial Other: Specify _____					Anticipated Annual Usage _____Hours/Yr
Have You Owned an Aircraft Before? YES NO	If Yes, When?	Year / Make / Model			Still Owned? YES NO
Was it Financed? YES NO	If So, Where?	Under What Name?			
Do you request permission for shared usage or to sublease the aircraft? YES NO If yes, provide a few details on a separate sheet.					

The undersigned applicant(s) represent and warrant that the foregoing information is true, complete and correct. The undersigned authorize all banking, credit reporting agencies and trade references to release account balances, payment records and any other information deemed necessary by Scope Leasing, Inc.

Date _____ Signature of Applicant _____

Date _____ Signature of Joint Applicant _____

Personal Financial Statement

Name _____ Is statement joint with Spouse? YES NO Date _____

Assets	In Even Dollars	Liabilities	In Even Dollars
Cash on Hand / In Banks / Other (Sch. A)	\$	Notes Payable to Banks - Secured	\$
Listed Securities / Mutual Funds (Sch. B)		Notes Payable to Banks - Unsecured	
Accounts and Notes Receivable (Sch. C)		Other Notes Payable	
Equity in Closely Held Partnerships / Corps (Sch. D)		Real Estate Mortgages Payable (Sch. E)	
Real Estate (Sch. E)		Unpaid Taxes / Judgments / Liens	
Other Assets - Itemize		Other Debts - Itemize	
		Total Liabilities	\$
		Net Worth	\$
Total Assets	\$	Total Liabilities and Net Worth	\$

Are any of the above listed assets held in a trust? YES NO

Complete All Schedules and Sign at the End of this Form – Attach additional sheets as necessary

Schedule A – Cash in Banks / Brokerage Accounts

Name of Financial Institution	Account Type	Account Number	Amount

Schedule B – Listed Securities / Mutual Funds

Description	Number of Shares	In Name Of	If Pledged, To Whom?	Current Market value

Schedule C – Accounts and Notes Receivable

Name of Debtor	Amount Owed	Collateral	Payments	Age of Debt

Schedule D – Equity in Closely Held Corporations and Partnerships

Company / Partnership Name	% Owned	Value	Method of Valuation

Schedule E – Real Estate Owned (Include Commercial and Residential)

Description of Property	Date Acquired	Title in Name Of	Cost	Market Value	Mortgage Balance & Payment

Life Insurance

Insurance Company	Type of Policy	Owner of Policy	Beneficiary	Face Amount	If Assigned, To Whom?

The information contained in this statement is provided for the purpose of establishing or maintaining credit with Scope Leasing, Inc. (Scope) on behalf of the undersigned, or persons, partnerships, or corporations in whose behalf the undersigned may either severally or jointly with others, execute a guaranty in Scope's favor. Each undersigned understands that Scope is relying on the information provided herein (including the designation made as to ownership of property) in deciding to grant or continue credit. Each undersigned represents and warrants that the information provided has been carefully reviewed and is true, correct and complete. Each of the undersigned agrees to notify Scope immediately, in writing, of any change of address, employment, or change in the financial condition of the undersigned which may adversely affect their ability to perform obligations to Scope. Scope is authorized to make all inquiries Scope deems necessary to verify the accuracy of the statements made herein, and to determine creditworthiness of the undersigned. Scope is authorized to answer questions about its credit experience with the undersigned.

Signature _____

Signature _____

Date _____

Date _____