

AIRCRAFT LOAN APPLICATION AND PERSONAL FINANCIAL STATEMENT

200 Civic Center Drive, Suite 110 | Columbus, Ohio 43215-4177 **Toll-Free** 800-357-5773 | **Fax** 614-221-2411 | www.scopeair.com

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. 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.

Applicant / C	suarantor inform	ation									
Full Name							Social Sec	urity Number	Birt	th Date	
				T				T		T	
Home Address				City		Sta	ate	Zip		Years at Residence	
U.S. Citizen	Office Phone		Cell Phone	l.	E-Mail Addre	SS					
YES NO											
Sources of Ir	come				List Below	Δm	ounts of A	ny Contine	gent li	ahilities	
Sources of II	<u>icome</u>				List Below Amounts of Any Contingent Liabilities						
Calany Bony	ses, Commissions	ć			As Co-Make		r Guarant	or ¢			
• •	•							υι <u>γ</u> _			
Dividends, In					Legal Claim	_	-				
Real Estate II	ncome	Ş				Cor	ntested Ta				
Other		\$			Other			\$			
Total Annua	l Income	\$			Total Conti	nge	nt Liabilit	ies \$			
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 b	ousiness entity in which	you have	been associa	ited, filed for bank	ruptcy? YES	NO					
Are any of your as	ssets held in a trust?	YES N	0								
, , , , , , , , , , , , , , , , , , , ,											
Are you obligated	to pay alimony, child su	ipport, o	r separate ma	intenance payme	nts? YES NO) If	f so, monthly	amount \$		<u> </u>	
Co-Applicant	t / Guarantor Info	ormati	on								
Applicant's spot	use must complete th	is sectio	n if applicar	nt is relying on th	ne spouse's inco	оте	as a basis o	f repayment o	of the cr	edit and/or relying	
on the spouse's	assets or share of the	e assets	as a basis fo	or obtaining cred	lit.						
Full Name						S	Social Security	ocial Security Number Birth Date			
Harris Address			1 6		1 6			7° .	1,	/	
Home Address City			State		ate	Zip			Years at Residence		
U.S. Citizen	Cell Phone		ļ.	E-Mail Address	S						
YES NO											
Employer Address (Street, City, State,				ip)				١	Years There		
			1								

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 LLC	Partnership Proprietorship	
State and Date of Incorporation / Formation		Federal ID Number (EIN)	
Principals	Title		% Ownership

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.

STICCE VVIC	n your application	י ני יויכ	one is available.									
Year	Make	Model		FAA Registration		Registration	Serial Number	Asking Price (Used) or List Price (new)				
Airframe Hours		Engin L R	L l		Engine Hours – Since HSI L R		Engine Program (if turbine YES NO)	Date of Last Annual			
Damage Hist YES NO		Any N	Modifications / Conversions/ STCs? If yes, provide details below or attach a Separate Sheet									
Has an Escro	w been established? ?	YES	NO	_		Has a Purcha						
Are you a Pilot? Rat YES NO			Ratings / Total Hours				Who Will Fly This Aircraft?					
-			Hangared? Name and Email of Insurance Agent YES NO									
Use of Aircra Business		ercial	Other: Specify					Anticipate	ed Annual Usage Hours/Yr			
Have You Owned an Aircraft Before? YES NO		e?	If Yes, When?			ke / Model		Still Owned? YES NO				
Was it Financed? YES NO			If So, Where?				Under What Name?	·				
Do you requ	est permission for sha	red usa	ge or to sublease the a	ircraft?	YES N	O If yes, p	rovide a few details on a sepa	rate sheet.				

Personal Financial Statement

Name		Is statem	ient joint wi	th Spouse? YES N	0	Date	
Assets		In Even Dollars	Liabilit	ies		In Even Dollars	
Cash on Hand / In Banks / Other (Sch			yable to Banks - Secured				
Listed Securities / Mutual Funds (Sch		Notes Pa	yable to Banks - Unsecured				
Accounts and Notes Receivable (Sch	ı. C)		Other No	otes Payable			
Equity in Closely Held Partnerships / (Corps (Sch. D)		Real Esta	te Mortgages Payable (Sch.			
Real Estate (Sch. E)			Unpaid T	axes / Judgments / Liens			
Other Assets - Itemize			Other De	bts - Itemize			
			Total Lial	bilities		\$	
			Net Wor	th	\$		
Total Assets	\$	Total Lial	bilities and Net Worth	\$			
Complete Al Schedule A – Cash in Banks / E		s and Sign at the End of the Accounts	his Form – A	ttach additional shee	ts as ne	ecessary	
Name of Financial Institution	Account	Туре	Account Num	Account Number		nt	
Schedule B – Listed Securities	/ Mutual F	unds					
Description I		In Name Of	If Pledge	If Pledged, To Whom?		Current Market Value	
Schedule C – Accounts and No	otes Receiv	able					
Name of Debtor	Collateral		Amount Owed		Payments		

Schedule D – Equity in Closely He	eld Corporation	s and Partnerships						
Company / Partnership Name					٧	'alue	Metho	od of Valuation
Schedule E – Real Estate Owned	(Include Comm	nercial and Residential))					
Description of Property	Date Acquired	Title in Name Of	Mark	ket Value		Value Method of Valuation Loan Balance Monthly Payment Face Amount If Assigned, To Whom? Face Amount If Assigned, To Whom? redit with Scope Leasing, Inc. (Scope) on behalf of the ly or jointly with others, execute a guaranty in Scope's ne the designation made as to ownership of property) re applying for a loan on aircraft which they plan to ormation provided has been carefully reviewed and is any change of address, employment, or change in the to Scope. Scope is authorized to make all inquiries e creditworthiness of the undersigned. Scope is d authorize all banking, credit reporting agencies and y by Scope.		
Life Insurance								
Insurance Company	Type of Policy	Owner of Policy	Bene	neficiary Fa		Face Amount	If As:	signed, To Whom?
undersigned, or persons, partnerships, of favor. Each undersigned understands to in deciding to grant or continue credit. Use for business and personal purportrue, correct and complete. Each of the financial condition of the undersigned Scope deems necessary to verify the	r corporations in with that Scope is rely The undersigned ses. Each under undersigned agreement which may adverse accuracy of the tits credit experi	whose behalf the undersign ing on the information produced applicants represent and rsigned represents and water to notify Scope immediately affect their ability to statements made herein rience with the undersign	ed mar ovided warra arrants diately, perfor n, and	y either severa herein (includi ant that they a s that the inf in writing, of rm obligations I to determin the undersigne	illy of ing fare form any to ne ed a	or jointly with oth the designation rapplying for a lo nation provided hy change of addre Scope. Scope is creditworthiness authorize all bank	ers, exemade as pan on as been ess, emps autho	ecute a guaranty in Scope's to ownership of property) aircraft which they plan to n carefully reviewed and is ployment, or change in the rized to make all inquiries e undersigned. Scope is
Date	Sig	nature of Applicant						
Date	Sig	nature of Joint Applica	ant					