

Applicant Information

Full Name		Social Security Number		Birth Date	Driver's License #
Home Address		City	State	Zip	Years at Residence
U.S. Citizen <input type="checkbox"/> YES <input type="checkbox"/> NO	Office Phone	Cell Phone	E-Mail Address		

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 \$ _____

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 any of your assets held in a trust? ☐ YES ☐ NO

Are you obligated to pay alimony, child support, or separate maintenance payments? ☐ YES ☐ NO If so, amount \$ _____

Aircraft Information

Please include specification sheet with your application, if one is available.

Anticipated Ownership Structure <input type="checkbox"/> LLC <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Individual <input type="checkbox"/> Other: Specify _____				Entity Name	
Use of Aircraft <input type="checkbox"/> Business <input type="checkbox"/> Personal <input type="checkbox"/> Commerical <input type="checkbox"/> Other: Specify _____				Asking Price (Used) or List Price (new)	
Year	Make	Model	FAA Registration	Serial Number	
Airframe Hours	Engine Hours – SMOH L _____ R _____	Engine Hours – Since HSI L _____ R _____	Engine Program (if turbine) <input type="checkbox"/> YES <input type="checkbox"/> NO	Date of Last Annual	
Anticipated Annual Usage _____ Hours/Yr	Damage History? <input type="checkbox"/> YES <input type="checkbox"/> NO	Any Modifications / Conversions/ STCs? If yes, provide details below or attach a Separate Sheet			
Has an Escrow been established? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, where? _____			Has a Purchase Agreement Been Executed? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, please provide a copy with your application		
Are you a Pilot? <input type="checkbox"/> YES <input type="checkbox"/> NO	Ratings / Total Hours		Who Will Fly This Aircraft?		
Base Airport Identifier	Hangared? <input type="checkbox"/> YES <input type="checkbox"/> NO	Name and Email of Insurance Agent			
Have You Owned an Aircraft Before? <input type="checkbox"/> YES <input type="checkbox"/> NO	If Yes, When?	Year / Make / Model		Still Owned? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Was it Financed? <input type="checkbox"/> YES <input type="checkbox"/> NO	If So, Where?	Under What Name?			
Do you request permission for shared usage or to sublease the aircraft? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, provide a few details on a separate sheet.					

Joint 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.

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U.S. Citizen <input type="checkbox"/> YES <input type="checkbox"/> NO	Cell Phone	E-Mail Address			
Employer	Address (Street, City, State, Zip)			Years There	

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 <input type="checkbox"/> LLC <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Other	
State and Date of Incorporation / Formation		Federal ID Number (EIN)	
Principals _____ _____ _____	Title _____ _____ _____	% Ownership _____ _____ _____	

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. The undersigned applicants represent and warrant that they are applying for a loan on aircraft which they plan to use for business and personal purposes. 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. 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.

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	In Name Of	If Pledged, To Whom?	Current Market Value

Schedule C – Accounts and Notes Receivable

Name of Debtor	Collateral	Amount Owed	Payments

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	Market Value	Loan Balance	Monthly Payment

Life Insurance

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

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Date_____

Signature of Applicant_____

Date_____

Signature of Joint Applicant_____