

# Beacon Aero Credit

# Internet Application for Aircraft Loan

<b>ABOUT YOUR TRANSACTION</b>	PURCHASE <input type="checkbox"/>	<b>SELLER NAME</b> _____	DEALER/BROKER <input type="checkbox"/>	<b>OWNERSHIP</b>	INDIVIDUAL <input type="checkbox"/>	CORPORATE <input type="checkbox"/>	LLC <input type="checkbox"/>	<b>USE</b>	PART 91 <input type="checkbox"/>	
	REFINANCE <input type="checkbox"/>		PRIVATE <input type="checkbox"/>		JOINT <input type="checkbox"/>	OTHER _____	PART 135 <input type="checkbox"/>			
<b>AIRCRAFT INFORMATION</b>	NEW <input type="checkbox"/>	YEAR _____	MAKE _____	MODEL _____	MODIFICATIONS _____	TTAF _____	ENGINE TIME <input type="checkbox"/>	SINGLE <input type="checkbox"/>	LEFT <input type="checkbox"/>	RIGHT <input type="checkbox"/>
	USED <input type="checkbox"/>							TOTAL <input type="checkbox"/>		
<b>AIRCRAFT CATEGORY</b>	<input type="checkbox"/> NORMAL				<b>PILOT HISTORY</b>	LICENSED PILOT? YES <input type="checkbox"/> NO <input type="checkbox"/>		RATINGS HELD _____		TOTAL HOURS _____
	<input type="checkbox"/> OTHER (Please describe) _____									
<b>TRADE-IN INFORMATION</b>	YEAR _____	MAKE _____	MODEL _____	MODIFICATIONS _____	TTAF _____	ENGINE TIME <input type="checkbox"/>	SINGLE <input type="checkbox"/>	LEFT <input type="checkbox"/>	RIGHT <input type="checkbox"/>	
							TOTAL <input type="checkbox"/>			
PURCHASE PRICE		SALES TAX	CASH DOWNPAYMENT	TRADE ALLOWANCE	OWED ON TRADE	LOAN REQUEST		REQUESTED TERM		YRS
\$ _____		+\$ _____	-\$ _____	-\$ _____	+\$ _____	= \$ _____		_____		_____

<b>Applicant</b>	FIRST NAME _____	MI _____	LAST NAME _____
HOME PHONE _____	WORK PHONE _____	E-MAIL _____	
SOCIAL SECURITY # _____	DATE OF BIRTH _____	U.S. CITIZEN YES <input type="checkbox"/> NO <input type="checkbox"/>	
MAILING ADDRESS _____	CITY/TOWN _____	STATE _____	ZIP _____
OWN <input type="checkbox"/>	MORTGAGE/RENT PMT. _____	YRS. AT RESIDENCE _____	HOME VALUE \$ _____
RENT <input type="checkbox"/>	\$ _____	\$ _____	
PREVIOUS ADDRESS (if less than 5 years at current address)		CITY/TOWN _____	STATE _____
<input type="checkbox"/> ACTIVE	EMPLOYER _____	POSITION _____	YEARS EMPLOYED _____ Ownership % _____
<input type="checkbox"/> RETIRED			
PREVIOUS EMPLOYER (if less than 5 years at current employer)		POSITION _____	YEARS EMPLOYED _____
NEAREST RELATIVE'S NAME (Not living with you.)		RELATIONSHIP _____	PHONE _____
Are there any outstanding liens or judgements against you? Yes <input type="checkbox"/> No <input type="checkbox"/> Have you ever been bankrupt? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Do you pay alimony/child support? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please state annual amount \$ _____			

<b>Co-Applicant</b>	FIRST NAME _____	MI _____	LAST NAME _____
HOME PHONE _____	WORK PHONE _____	E-MAIL _____	
SOCIAL SECURITY # _____	DATE OF BIRTH _____	U.S. CITIZEN YES <input type="checkbox"/> NO <input type="checkbox"/>	
MAILING ADDRESS _____	CITY/TOWN _____	STATE _____	ZIP _____
OWN <input type="checkbox"/>	MORTGAGE/RENT PMT. _____	YRS. AT RESIDENCE _____	HOME VALUE \$ _____
RENT <input type="checkbox"/>	\$ _____	\$ _____	
PREVIOUS ADDRESS (if less than 5 years at current address)		CITY/TOWN _____	STATE _____
<input type="checkbox"/> ACTIVE	EMPLOYER _____	POSITION _____	YEARS EMPLOYED _____ Ownership % _____
<input type="checkbox"/> RETIRED			
PREVIOUS EMPLOYER (if less than 5 years at current employer)		POSITION _____	YEARS EMPLOYED _____
NEAREST RELATIVE'S NAME (Not living with you.)		RELATIONSHIP _____	PHONE _____
Are there any outstanding liens or judgements against you? Yes <input type="checkbox"/> No <input type="checkbox"/> Have you ever been bankrupt? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Do you pay alimony/child support? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please state annual amount \$ _____			

INCOME	WAGES	INTEREST/DIVIDENDS	NET RENTAL	DISTRIBUTIONS	PENSIONS/SS INC	OTHER INCOME*	TOTAL INCOME
Applicant	MONTHLY <input type="checkbox"/>						
	ANNUAL <input type="checkbox"/>						
Co-Applicant	MONTHLY <input type="checkbox"/>						
	ANNUAL <input type="checkbox"/>						

\*Alimony, child support, or separate maintenance income need not be revealed if you do not wish it to be considered as a basis for repaying this obligation.

Personal Financial Statement - If you require more room to submit your financial information, please attach a separate page.				Lending Institution	Monthly Payment	
ASSETS	CURRENT AIRCRAFT VALUE	\$ _____	LIABILITIES	CURRENT AIRCRAFT LOAN BALANCE	\$ _____	\$ _____
	DEPOSIT ON AIRCRAFT BEING PURCHASED	\$ _____		CREDIT CARDS	\$ _____	\$ _____
	CASH, INVESTMENTS & SECURITIES	\$ _____		NOTES PAYABLE	\$ _____	\$ _____
	PRIMARY RESIDENCE (market value)	\$ _____		PRIMARY MORTGAGE PAYABLE	\$ _____	\$ _____
	SECOND RESIDENCE (market value)	\$ _____		MORTGAGE ON SECOND RESIDENCE	\$ _____	\$ _____
	RENTAL PROPERTIES (market value)	\$ _____		MORTGAGE(S) ON RENTAL PROPERTIES	\$ _____	\$ _____
	RETIREMENT ACCOUNT(S)	\$ _____		HOME EQUITY/SECOND MORTGAGE	\$ _____	\$ _____
	PRIVATELY OWNED BUSINESS INTEREST	\$ _____		OTHER LIABILITIES	\$ _____	\$ _____
	OTHER ASSETS, INCLUDING AUTOMOBILES	\$ _____		LOANS ON AUTOMOBILES & EQUIPMENT	\$ _____	\$ _____
	<b>TOTAL ASSETS</b>	<b>\$ _____</b>		<b>TOTAL LIABILITIES</b>	<b>\$ _____</b>	

If you require more room to submit your financial information, please attach a separate page.

I (we) represent, warrant and affirm that all of the statements made by me (us) in this application are true and correct and have been made by me in order to induce you to grant credit to me and with the knowledge that you will rely thereon, without limiting the foregoing. I (we) represent and warrant that no lawsuits or judgements are pending or entered against me (us). I (we) authorize any creditor to whom this application is forwarded to obtain any credit and employment history from any source and to answer questions about its credit experience with me (us). NOTICE: Consumer credit reports may be requested from one or more consumer reporting agencies (credit bureaus) in connection with this application. If I (we) request, I (we) will be informed whether any consumer credit report(s) were requested and, if so, of the name and address of the consumer reporting agency which furnished the report(s). IMPORTANT INFORMATION ABOUT OPENING YOUR NEW ACCOUNT: TO HELP FIGHT THE FUNDING OF TERRORISM AND MONEY LAUNDERING ACTIVITIES, FEDERAL LAW REQUIRES ALL FINANCIAL INSTITUTIONS TO OBTAIN, VERIFY AND RECORD INFORMATION THAT IDENTIFIES EACH PERSON WHO OPENS AN ACCOUNT.

MULTIPLE SIGNATURES INDICATES EACH APPLICANT'S INTENTION TO APPLY FOR JOINT CREDIT. "I", "WE", "ME" OR "US" MEANS EACH APPLICANT WHO SIGNS BELOW. "YOU" OR "YOUR" MEANS NEW BEACON, LLC.

**APPLICANT'S SIGNATURE**

<b>X</b>	DATE
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**CO-APPLICANT'S SIGNATURE**

<b>X</b>	DATE
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**ALSO REQUIRED:**

- 2 years 1040 Tax Returns (all schedules)
- 2 years Business Tax Returns (if self-employed)
- Aircraft Specifications

**Beacon Aero Credit**  
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