



**12471 W. Linebaugh Ave.
Tampa, FL 33626**
Phone: 1-863-644-8463 Toll
Free: 1-800-999-3712 Fax:
1-863-646-1671
E-Mail: nafco@airloans.com

The Federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex marital status, age (provided that the applicant has the capacity to enter into a binding contract); because all or part of the applicant's income derives from any public assistance program; or the applicant has in good faith exercised any right under the Consumer Credit Protection Act. The Federal agency that administers compliance with this law concerning this creditor is the Federal Trade Commission.

Important: Initial the appropriate boxes below and complete the applicable sections.

Individual Credit - (Relying solely on my income or assets) Individual Credit - (Relying solely on my income assets as well as income or assets from other sources)

Joint Credit - If you intend to apply for Joint Credit Initial here

AIRCRAFT WILL BE REGISTERED TO: INDIVIDUAL CO-OWNERSHIP PARTNERSHIP CORPORATION

PERSONAL INFORMATION

APPLICANT

CO-APPLICANT

Name _____

Name _____

Address _____

Address _____

City _____ State _____ ZIP _____

City _____ State _____ ZIP _____

Phone () _____ - _____ Years There _____

Phone () _____ - _____ Years There _____

E-mail Address: _____

E-mail Address: _____

SSN _____ Birth Date ____/____/____ Own _____ Rent _____

SSN _____ Birth Date ____/____/____ Own _____ Rent _____

Identification: Driver's License/State I.D. Passport Alien Registration
 Other Issue by _____

Identification: Driver's License/State I.D. Passport Alien Registration
 Other Issue by _____

U.S. Citizen Yes No Number of Dependents _____

U.S. Citizen Yes No Number of Dependents _____

Monthly Payments\$ _____ Mortgage Balance \$ _____

Monthly Payments\$ _____ Mortgage Balance \$ _____

(Rent /Mortgage)

(Rent /Mortgage)

Previous Address (If current is less than 2yrs) _____

Previous Address (If current is less than 2yrs) _____

Nearest Relative Not Living With You: _____ Phone () _____ - _____

EMPLOYMENT INFORMATION

Employer _____

Employer _____

Address _____

Address _____

City _____ State _____ ZIP _____

City _____ State _____ ZIP _____

Phone () _____ - _____ Years There _____

Phone () _____ - _____ Years There _____

Title _____ Gross Monthly Income _____

Title _____ Gross Monthly Income _____

Previous Employer _____
(if less than 2 years at current employer)

Previous Employer _____
(if less than 2 years at current employer)

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

Alimony, child support, or separate maintenance received under Court Order Written Agreement Oral Understanding.

Other Income: \$ _____ Describe: _____

AIRCRAFT INFORMATION

Year: _____ Make: _____ Model: _____ FAA Reg. # N _____ Serial No. _____

Will it be Hangared: _____ Airport it will be based at _____ Who will fly this aircraft _____

Last Annual Date: ____/____/____ TTAF _____ SMOH _____ Avionics: Supply Separate Spec Sheet on Aircraft

Selling Price\$ _____ Cash Down\$ _____ Trade\$ _____ Finance Amount\$ _____

Terms Desired _____ Insurance Company/Phone _____ Primary Usage: _____

FLYING EXPERIENCE

Pilot	Age	Type License	IFR Rating	FLIGHT HOURS					
				Total Time	Make & Model	Tail wheel	Constant Speed Prop	Retract Gear	Multi
_____	_____	_____	Y / N	_____	_____	_____	_____	_____	_____
_____	_____	_____	Y / N	_____	_____	_____	_____	_____	_____

BUSINESS INFORMATION (if applicable)

NAME OF CORP PARTNERSHIP	ADDRESS	CITY	STATE	ZIP
_____	_____	_____	_____	_____
FISCAL YEAR END	TYPE OF BUSINESS	STATE & DATE OF INCORPORATION	NO. OF EMPLOYEES	
_____	_____	_____	_____	
FEDERAL TAX I.D. NO. (EIN)	PRODUCT OR SERVICE PERFORMED	PRINCIPALS	% OF OWNERSHIP	TITLE
_____	_____	_____	_____	_____

BUSINESS FINANCIAL OBLIGATIONS AND/OR CREDIT REFERENCES (USE ADDITIONAL SHEET IF NECESSARY)	AMOUNT OF LOAN	BALANCE
NAME, CITY STATE	_____	_____
_____	_____	_____
_____	_____	_____

PERSONAL FINANCIAL STATEMENT

The following is submitted for the purpose of procuring, establishing and maintaining credit with YOU in behalf of the undersigned persons, firms or corporations in whose behalf the undersigned may either severally or jointly with others execute a guaranty in your favor. The undersigned warrants that this financial statement is true and correct and that you may consider this statement as continuing to be true and correct until a written notice of a change is given to you by the undersigned.

PLEASE DO NOT LEAVE ANY QUESTIONS UNANSWERED. USE 'NO' OR 'NONE' WHERE NECESSARY. IF ADDITIONAL SCHEDULES ARE USED, PLEASE SIGN, DATE AND ATTACH THEM TO THIS FORM. PLEASE INDICATE WHETHER ASSETS OR LIABILITIES ARE INDIVIDUAL JOINT WITH SOMEONE ELSE.

ASSETS	IN EVEN DOLLARS	JOINT (Y/N)	LIABILITIES	IN EVEN DOLLARS	JOINT (Y/N)
CASH IN BANKS	\$ _____	_____	NOTES PAYABLE TO BANK, FINANCE COMPANIES AND OTHER (Secured and Unsecured)	\$ _____	_____
MARKETABLE SECURITIES, STOCK, BONDS, ETC.	\$ _____	_____	ACCOUNTS DUE	\$ _____	_____
PRIMARY RESIDENCE	\$ _____	_____	RESIDENCE MORTGAGE(S)	\$ _____	_____
INTEREST IN OTHER REAL ESTATE	\$ _____	_____	OTHER REAL ESTATE DEBT	\$ _____	_____
AUTOMOBILES	\$ _____	_____	AUTO LOANS	\$ _____	_____
OTHER PERSONAL PROPERTY (TOTAL)	\$ _____	_____	UNPAID INCOME TAXES	\$ _____	_____
CASH VALUE LIFE INSURANCE	\$ _____	_____	OTHER DEBTS	\$ _____	_____
OTHER ASSETS	\$ _____	_____	TOTAL LIABILITIES	\$ _____	_____
TOTAL ASSETS	\$ _____	_____	NET WORTH (Subtract Total Liabilities from Total Assets)	\$ _____	_____

Complete the following information about both the Applicant and Joint Applicant or Other person (if Applicable):
 Are you obligated to make alimony, Support or Maintenance Payments? No Yes If yes, to (Name & Address) _____ Amt. per Month \$ _____
 Are you co-maker, endorser or Guarantor on any loan or contract? No Yes If yes, to whom owed? _____ To Whom? _____
 Are there any unsatisfied judgments against you? No Yes If yes, to whom owed? _____ Amount \$ _____
 Have you been declared bankrupt in the last 10 years? No Yes If yes, where? _____ Year? _____

Applicant(s) certifies that all information contained in this application or in any other document submitted for the purpose of obtaining credit is true, complete and correct and accurately reflects Applicant(s)' current financial condition. In order to provide the Applicant with Lake Michigan Credit Union products and services, applicant(s) authorize Lake Michigan Credit Union, its affiliates, or its authorized agents to verify any and all information to make any inquires of others, including but not limited to, procuring reports from consumer reporting agencies, credit bureaus, and the Internal Revenue Service, and to provide information arising out of Applicant(s) transaction or experience with it or others. Any reference, employer or creditor named herein is expressly authorized to furnish Lake Michigan Credit Union with information in connection with this application. This application shall remain the property of Lake Michigan Credit Union and may require Applicant to provide updated financial information on an annual basis.

_____ Date _____
 Applicant Co - Applicant