Flight Training Finance Application

Flight School Name (if known)

City and State (if known)

School to be determined later

Online Application



2101 Waukegan Road, Suite 101 Bannockburn, Illinois 60015-1836 800.667.0201 | Fax: 847-267-1800 www.pilotfinance.com

For the fastest service, fax this completed application to us at 847.267.1800.

TELL US ABOUT YOURSELF:

First Name MI Las	st Name	Date of Birth	Social Security No
Address		City/State/Zip	
			¢
Home Phone or None		Own Rent Years There	\$ Monthly Payment
Cell Phone or None		Email Address or None	
Previous Address if Less than 5 Years at Current Ad	Idress	City/State/Zip	
			\$
Reason for Move		Own Rent Years There	Monthly Payment
Employer		Business Phone	Part-Time Full-Time
Address		City/State/Zip	
Position		Years There	Annual Salary
Previous Employer if Less than 5 Years With Curren	t Employer	Business Phone	Part-Time Full-Time
Address		City/State/Zip	
Previous Position		Years There	Annual Salary
YOUR CREDIT AND PERSONAL REFEREI	NCES:		
Credit Reference		Account No	Balance Owing
			Ŭ
Personal Reference	Address/City/State/2	Zip	Phone
Name/Relationship of Nearest Relative Not Living W	/ith You Address/City/State/2	Zip	Phone
YOUR FLICHT TRAINING TO BE FINANCE	D .		
YOUR FLIGHT TRAINING TO BE FINANCE	:D:		
Your Current Flight Experience: None Certifica			Total Hours
Your Current Flight Experience: None Certifica	ate Held		
Your Anticipated Achievement With this Training			Fixed-Wing Rotor/Helicopter
SEstimated Training Cost (if known)	Preferred Cash Dow	/n Payment: \$250.00 (standard) C	\$ 0ther
Please choose the training and finance package			
1 Lesson Per Week/72 Payments	3 Lessons Per Week/48 Payme	ents 5 Lessons Per Week	/18 Payments
2 Lesson Per Week/60 Payments	4 Lessons Per Week/30 Payme		To Faymonto
		al information you would like us to	consider.
			ny facts and to obtain and exchange reports and information

certity that all of the information I have provided on this application is correct and complete. I authorize Pilot Finance, Inc. to investigate any facts and to obtain and exchange reports and informatior regarding this application and/or resulting account(s) with credit reporting agencies and others. Upon request I will be informed of each agency's name and address.

OPTIONAL: CO-BORROWER OR GUARANTOR INFORMATION

First Name	MI Last Name	Date of Birth	Social Security No
Your Relationship to the Flight	Student		
Address		City/State/Zip	
Home Phone or None		Own Rent Years There	\$ Monthly Payment
Cell Phone or None		Email Address or None	
Previous Address if Less than	5 Years at Current Address	City/State/Zip	
Reason for Move		Own Rent Years There	\$ Monthly Payment
Employer		Business Phone	Part-Time Full-Time
Address		City/State/Zip	
Position		Years There	Annual Salary
Previous Employer if Less than	5 Years With Current Employer	Business Phone	Part-Time Full-Time
Address		City/State/Zip	
Previous Position		Years There	Annual Salary

OPTIONAL INFORMATION:

About this section

We want to approve your application! This section is provided in case there is anything else you would like us to consider during the review process.

For example, if you think there may be negative historical information in your credit report due to financial problems you have experienced in the past, it may be helpful for us to have your comments on the cause of the past problems and how you have corrected them. Or, if you anticipate a significant salary increase in the near future, you may want to comment on the amount and certainty of the change.

You may also use this space to tell us about regular income you receive other than your salary. Please note that 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 your obligation to us. **Continue on additional sheets it necessary.**