## Flight Training Finance Application

Flight School Name (if known)				FLIGHT TRAINING* FINANCE THE SKY'S THE LIMIT					
City and State (if known)				2101 Waukegan R	d, Suite 101	Bannock	ourn, IL 60015	-1836	
School to be determined later Online Application				800.667.0201   flig	httrainingfina	ncellc.com			
TELL LIC ADOLLT VOLIDOEL E. Do you have a C	tudent Dilet Cortificate?	. No							
TELL US ABOUT YOURSELF: Do you have a St	tudent Pilot Certificate?   Ye	es No							
First Name MI Last Na	me	Date of	Birth		Social S	ecurity No			
Address		City/Sta	te/Zip						
II. B					\$	<u> </u>			
Home Phone or None		Own	Rent	Years There	Monthly	Payment			
Cell Phone or None		Email Ad	ddress or I	None					
Previous Address if Less than 5 Years at Current Address	SS	City/Sta	te/Zip						
					\$				
Reason for Move		Own	Rent	Years There	Monthly	Payment			
Employer		Busines	s Phone				Part-Time	Full-Time	
Address		City/Sta	te/Zip						
Position		Years Th	nere		Annual S	Salary			
Previous Employer if Less than 5 Years With Current Em	ployer	Busines	s Phone				Part-Time	Full-Time	
Address		City/Sta	te/Zip						
Previous Position	-	Years Th	nere		Annual S	Salary			
YOUR CREDIT AND PERSONAL REFERENCE	S:								
Credit Reference		Account	: No		Balance	Owing			
Personal Reference	Address/City/State/Zip					Phone			
Name/Relationship of Nearest Relative Not Living With	ou Address/City/State/Zip					Phone			
YOUR FLIGHT TRAINING TO BE FINANCED:									
Your Current Flight Experience: None Certificate F	Held					Total Ho	urs		
Your Anticipated Achievement With this Training						Fixed-W	ling Bote	or/Helicopter	
\$					\$	T IXEC-VV	ing nou	or/Trelicopter	
Estimated Training Cost (if known)	Preferred Cash Down Page	yment: \$	 3250.00 (s <sup>.</sup>	tandard) Other	Ψ				
Please choose the training and finance package th	at best suits your needs								
1 Lesson Per Week/72 Payments	B Lessons Per Week/48 Payments		5 Les	ssons Per Week/18 F	ayments				
	Lessons Per Week/30 Payments		Othe						
Please s I certify that all of the information I have provided on this and information regarding this application and/or r		authorize Flig	ht Trainin	g Finance, LLC. to inve	estigate any fa				
Applicant Signature	Date	Co-Bor	Co-Borrower Signature			 Date			

## **OPTIONAL: CO-BORROWER OR GUARANTOR INFORMATION**

First Name	MI Last Name	Date of Birth	Social Security No				
Your Relationship to the Flig	ht Student						
Address		City/State/Zip	•				
Home Phone or None		Own Rent Years T	There Monthly Payment				
Cell Phone or None		Email Address or None	Email Address or None				
Previous Address if Less that	an 5 Years at Current Address	City/State/Zip	•				
Reason for Move		Own Rent Years T	\$ There Monthly Payment				
Employer		Business Phone	Part-Time Full-Tim				
Address		City/State/Zip					
Position		Years There	Annual Salary				
Previous Employer if Less th	nan 5 Years With Current Employer	Business Phone	Part-Time Full-Tim				
Address		City/State/Zip					
Previous Position		Years There	Annual Salary				
For example, if you think helpful for us to have yo the near future, you may You may also use this sp	ar application! This section is provided in case the there may be negative historical information in our comments on the cause of the past problems want to comment on the amount and certainty pace to tell us about regular income you receive	your credit report due to financial ps and how you have corrected them of the change.  other than your salary. Please note	us to consider during the review process.  roblems you have experienced in the past, it may be n. Or, if you anticipate a significant salary increase in that alimony, child support, or separate maintenance o us. Continue on additional sheets it necessary.				