Flight Training Finance Application

FINANCE, INC.

Pilot Finance, Inc.
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Bannockburn, Illinois 60015-1836
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www.pilotfinance.com

For the fastest service, FAX this completed application to us. FAX: 847-267-1800

Please tell us about yourself

Name: Date of Birth: Social Security No:

Address: City, State, Zip:

Home Phone: ☐ Own ☐ Rent Years There: Monthly Payment: $

Cell Phone: E-mail Address:

Previous Address: City, State, Zip:

Reason for Move: ☐ Owned ☐ Rented Years There: Monthly Payment: $

Employer: Business Phone: ☐ Part-Time ☐ Full-Time

Address: City, State, Zip:

Position: Years There: Annual Salary: $

Previous Employer: Business Phone: ☐ Part-Time ☐ Full-Time

Address: City, State, Zip:

Previous Position: Years There: Annual Salary: $

Your Credit and Personal References

Credit Reference: Account No.: Balance Owing:

Personal Reference: Address: City, State, Zip: Phone:

Name and Relationship of Nearest Relative not living with you: Address: City, State, Zip: Phone:

Your Flight Training to be Financed

Your Current Flight Experience: ☐ None ☐ Certificate Held: Total Hours:

Your Anticipated Achievement with this Training: ☐ Fixed-Wing ☐ Rotor/Helicopter

Estimated Training Cost (if known): $ Preferred Cash Down Payment: ☐ $250 (Std) ☐ Other: $

Please choose the training and finance package that best suits your needs:

☐ 1 Lesson Per Week / 72 Payments ☐ 3 Lessons Per Week / 48 Payments ☐ 5 Lessons Per Week / 18 Payments

☐ 2 Lessons Per Week / 60 Payments ☐ 4 Lessons Per Week / 30 Payments ☐ Other:

Please see the reverse side for optional information you would like us to consider!

I certify 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 information 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.

Be sure to sign here

Applicant (signature) Date Co-Borrower (signature) Date

Optional: Co-Borrower or Guarantor Information

Name: Date of Birth: Social Security No:

Your Relationship to the Flight Student:

Address: City, State, Zip:

Home Phone: ☐ Own ☐ Rent Years There: Monthly Payment: $

Cell Phone: E-mail Address:

Previous Address: City, State, Zip:

Reason for Move: ☐ Owned ☐ Rented Years There: Monthly Payment: $

Employer: Business Phone: ☐ Part-Time ☐ Full-Time

Address: City, State, Zip:

Position: Years There: Annual Salary: $

Previous 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 if necessary.***