## BANTERRA AIRCRAFT LOAN APPLICATION

111 AIRWAY DRIVE | P.O. BOX 790 | MARION | ILLINOIS | 62959 | 888-254-5731 BANTERRAAIRCRAFT.COM | AIRCRAFT@BANTERRA.COM | FAX: 618-993-9863

Please note: Banterra Aircraft offers loans nationwide, except for the states of Alaska and Hawaii.

## **AIRCRAFT CREDIT APPLICATION CHECKLIST**

- Completed And Signed Application AND Personal Financial Statement
  Two Years Personal 1040 Federal Tax Returns With All Schedules
  Aircraft Specification Sheet Listing Avionics And Optional Equipment
  Liquidity Verification (Copies Of Most Recent Bank/Brokerage Statements)
  All K-1's And Most Recent Two Years Business Tax Returns With Year to Date P&L with Balance Sheet (If Applicable)
  Articles And Cert. of Corp/Cert. of Formation And Op. Agreement (LLC)
- 7. Clear and Legible Copies of Driver License and Airman Certificate

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| - PERSONAL I   | NFORMATION - APPLIC           | ANI -               | - PERSC   | DNAL INFORMATION - C            | O-APPLICANT -              |
|--|-------------------------------|---------------------|---|---------------------------------|----------------------------|
| Applicant Name:  |                               |                     | Applicant Name:   |                                 |                            |
| Name(s) of any Co-applica                                  | nt(s):                        |                     | Check if: same add  | dress as applicant same         | employer as applicant      |
| We intend to apply for join                                | nt credit (initials)          | _                   | We intend to app  | oly for joint credit (initials) |                            |
| Address:   |                               |                     | Address:  |                                 |                            |
| City:  | State:                        | Zip:                | City:   | State:                          | Zip:                       |
| Home Phone:  | Mobile Phone:                 |                     | Home Phone:   | Mobile Ph                       | one:                       |
| Email:   |                               |                     | Email:  |                                 |                            |
| Social Security #:   | Date of Birt                  | th:/                | Social Security #:  | Da                              | te of Birth://             |
| Employer:  |                               |                     | Employer:   |                                 |                            |
| Type of Business:  |                               |                     | Type of Business:   | :                               |                            |
| Address:   |                               |                     | Address:  |                                 |                            |
| City:  | State:                        | Zip:                | City:   | State:                          | Zip:                       |
| Employer Phone:  |                               |                     | Employer Phone:   |                                 |                            |
| Years on Job:  | Years in Profession:          |                     | Years on Job:   | Years in Pro                    | ofession:                  |
| United States Citizen: Yes                                 | s / No (Circle selection)     |                     | United States Cit   | izen: Yes / No (Circle sele     | ction)                     |
| If Self Employed, Years In Business: Year Business Formed: |                               |                     | If Self Employed, Years In Business:Year Business Formed: |                                 |                            |
| Business URL:  |                               |                     | Business URL:   |                                 |                            |
| Are any or all of your asset                               | es held in trust(s): Yes / No | (Circle selection)  | Are any or all of y                                       | your assets held in trust(s): \ | es / No (Circle selection) |
|  | - PROPOSEI                    | D AIRCRAFT REG      | ISTRATION INFO  | ORMATION -                      |                            |
| Registration Name:   |                               |                     |   | Percentage of Bu                | siness Use:%               |
| Address:   |                               |                     | City:   | State:                          | Zip:                       |
| Purchase Price: \$   | Loan Request: \$              | Aircraft Y          | ear, Make & Mode  | el:                             |                            |
| Reg. N#:   | Serial #:                     | Tota                | l Time:   | Engine #1:                      | _ Engine #2:               |
| New Aircraft Base:   |                               | _ Damage History: ` | Yes / No <b>Aviatio</b> r                                 | n Emergency Contact:            |                            |
| Intended Aircraft Usage: (C                                | Check applicable) 🗖 Part 91   | Personal/Business   | □ Part 135 Charte   | r/Commercial 🗖 Flight Scho      | ol 🗖 Third Party Lease     |

Ratings: □ Student □ Private □ Instrument □ Commercial □ ATP Hours: \_\_\_

Prior Aircraft Owner: Yes / No

## PLEASE COMPLETE THIS SECTION IF REGISTRATION TO BE IN NAME OF CORP. OR LLC

| tate of Inc Date of Inc  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|
| Officer(s) / Member(s) & Title(s):   |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
| - Consent to   | Obtain and Use Consumer Credit Reports -   |  |  |  |  |  |  |
| I hereby acknowledge that all information I have submitte Bank (Bank) to grant credit or to determine whether I ma agree that although Bank is acting on my behalf to arrang should be accepted or is on the best available terms. I aut and other pertinent credit information and to profif credit is granted, I authorize the underwriting Bank or a reporting agencies and other industry sources. | ay be eligible for credit from Bank or another with<br>ge credit, I hereby acknowledge that I am solely re<br>thorize Bank and its affiliated lenders to in<br>ocess this application, service my account, a | n whom Bank has a business relationship. I<br>esponsible for deciding if any credit offered<br>vestigate and share my credit history<br>and manage its relationship with me. |  |  |  |  |  |
| The Federal Equal Credit Opportunity Act prohibits cr<br>tional origin, sex, marital status, age (provided the applic<br>income derives from any public assistance program; or th<br>The federal agency that administers compliance with this la   | cant has the capacity to enter into a binding cont<br>be applicant has in good faith exercised any right t   | ract); because all or part of the applicant's  |  |  |  |  |  |
| National Center for Consumer and Depositor Assistance<br>Federal Deposit Insurance Corporation<br>1100 Walnut Street, Box #11<br>Kansas City, MO 64106<br>https://ask.fdic.gov/fdicinformationandsupportcenter   | ce   |  |  |  |  |  |  |
| If your application for business credit is denied, you ha<br>statement, please contact Banterra Bank, Credit Adminis<br>decision. We will send you a written statement of reasons  | tration, P.O. Box 310, Marion, IL 62959 within 60  | days from the date you are notified of our   |  |  |  |  |  |
| IMPORTANT INFORMATION ABOUT PROCEDURES F<br>and money laundering activities, federal law requires all f<br>opens an account. What this means for you: When you o<br>will allow us to identify you. We may also ask to see your o   | inancial institutions to obtain, verify, and record in<br>pen an account, we will ask for your name, addres  | nformation that identifies each person who   |  |  |  |  |  |
| Signature of Applicant   | Printed Name   | Date   |  |  |  |  |  |
| Signature of Co-Applicant  | Printed Name   | <br>Date   |  |  |  |  |  |

