

AIRCRAFT LOAN APPLICATION



Please complete this application in full and provide all the following documentation:

1. Copy of Purchase Agreement
2. For loans to individuals: Signed income tax returns including all schedules for the last two years.
3. For loans to Corporations: Copies of the last two fiscal years' financial statements and any available interim reports and income tax returns for the last two years.
4. Copy of driver's license and pilot's license
5. A complete copy of the Logbooks.
6. A signed 4506-T (*form will be provided by bank*)

IMPORTANT: Check and initial the appropriate boxes below and complete the applicable sections.

Individual Credit

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

App

Co-App

AIRCRAFT WILL BE REGISTERED TO: Individual Co-Ownership Partnership Corporation/LLC

Applicant(s) Information

Co-Applicant(s) Information

Name			Name		
Address		Years There?	Address		Years There?
City	State	Zip	City	State	Zip
DOB		SSN	DOB		SSN
Phone#		E-mail	Phone#		E-mail

Applicant Employment Information

Co-Applicant Employment Information

Employer			Employer		
Address			Address		
City	State	Zip	City	State	Zip
Phone#		Years There?	Phone#		Years There?
Position		Gross Monthly Income	Position		Gross Monthly Income
Previous Employer (<i>if less than 2 years at current employer</i>)			Previous Employer (<i>if less than 2 years at current employer</i>)		
Position	Phone#	Gross Monthly Income	Position	Phone#	Gross Monthly Income

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.)

\$	Source	\$	Source
\$	Source	\$	Source

Aircraft and Loan Detail

Year	Make	Model	N FAA Registration #	Serial Number
Will it be Hangared: <input type="checkbox"/> YES <input type="checkbox"/> NO		Airport it will be based at:		
List Optional avionics and equipment:				
Who will fly this aircraft?		TTAF	SMOH <input type="checkbox"/> YES <input type="checkbox"/> NO	Is the Aircraft Airworthy? <input type="checkbox"/> YES <input type="checkbox"/> NO
Selling Price	Cash Down	Trade	Finance Amount	Primary Usage <input type="checkbox"/> Business <input type="checkbox"/> Personal
Terms or Refinance Desired		Insurance Company		Insurance Phone#
Current Owner	Address		City	State
<input type="checkbox"/> Trade <input type="checkbox"/> Sell <input type="checkbox"/> Continue to Use <input type="checkbox"/> Refinance What do you plan to do with your current aircraft?		<input type="checkbox"/> YES <input type="checkbox"/> NO Will the Aircraft be leased?		

Flying Experience/Flight Hours

Pilot	Age	Type License	IFR Rating Y/N	Total Time	Aircraft Type	Tall Wheel Y/N	Constant Speed Prop Y/N	Retract Gear Y/N	Multi Y/N

Business Information (if applicable)

Name of Corporation/Partnership		Address		City	State	Zip
Fiscal Year End	Type of Business		State Incorporated		Date Incorporated	
Federal Tax I.D. No. (EIN)	Product or Service Performed		Principals		% Ownership	Title

Business Financial Obligations and/or Credit References (Use additional sheet if necessary)				
Name	City	State	Amount of Loan	Balance

Personal Financial Statement				
ASSETS	BALANCE	LIABILITIES	BALANCE	MONTHLY PAYMENT
Cash in Banks		Notes Payable to Bank		
Marketable Securities		Companies & Other (secured/unsecured)		
Non-Marketable Securities		Accounts due		
Retirement Accounts		Residential Mortgage		
Real Estate Owned		Other Real Estate		
Interest in Other Real Estate		Auto Loans		
Automobiles		Unpaid Income Taxes		
Other Personal Property (Total)		Other Debts		
Cash Value in Life Insurance		Total Liabilities		
Other Assets		Net Worth		
Total Assets		Total Liabilities & Net Worth		

General Information			APPLICANT		CO-APPLICANT	
Are any assets pledged?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Are you a defendant in any suit or legal action? If Yes, Explain Explanation: _____	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Have you ever taken bankruptcy? If yes, Explain Explanation: _____	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Are you a partner or officer in any other venture?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Do you have a will?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Are you obligated to make alimony Support or Maintenance Payments? If yes, amount per month: _____	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Other Contingent Liabilities: Are you a co-maker, endorser, or Guaranty on any other loan? If yes, amount per month: _____	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Are there any unsatisfied judgements against you? If yes, Explain Explanation: _____	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO

Disclosures

PRIVACY POLICY NOTICE: Nonpublic Personal Information collected about you from this application and other sources, including a credit report, may be disclosed to persons within this institution or our affiliates, if any, as permitted or required by law. A copy of our privacy policy is available upon request. A consumer may obtain a copy of our privacy policy by calling or visiting our financial institution during regular business hours to request a copy of our privacy policy.

IMPORTANT APPLICANT INFORMATION: To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account.

What this means for you: When you open an account, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.

NEGATIVE INFORMATION DISCLOSURE: We may report information about your account to credit bureaus. Late payments, missed payments, or other defaults on your account may be reflected in your credit report. I have read and understand this Disclosure by signing this application.

CONSUMER CREDIT DISCLOSURES: An insurance product may be offered with this product. If an insurance product is offered an extension of credit cannot be conditioned on either of the following:
 (1) Your purchase of an insurance product from this Bank or any of our affiliates; or
 (2) Your agreement NOT to obtain, or prohibition on you from obtaining, an insurance product from an unaffiliated entity.

By signing this Application I acknowledge receipt of this disclosure in oral and written form.

SIGNATURES: I certify that everything I have stated in this application and on my attachments is correct. You may keep this application whether or not it is approved. By signing below I authorize you to check my credit and employment history and to answer permissible questions, under the Fair Credit Reporting Act, others may ask you about my credit record with you. I understand that I must update credit information at your request if my financial condition changes. Also, by signing this application, I acknowledge that I have read and understand all of the above disclosures.

Please print out this application and sign below. Options to submit the application are:
 *Scan and email to abuerge@legacybankandtrust.com
 *Fax the completed application to 417-823-7177
 *Mail the form to 4108 S National, Springfield MO 65807 Attn: Aaron Buerge

X _____
 Applicant's Signature Date

X _____
 Co-Applicant's Signature Date

FOR INTERNAL USE ONLY

JOINT CREDIT DISCLOSURE: Along with the submission of credit application, I have verified the applicants intent for joint credit in the following method (Choose all that apply):

APPLICANT	CO-APPLICANT	Date Verified	
_____	_____	_____	Via phone conversation
_____	_____	_____	Oral conversation (face-to-face, not in the bank)
_____	_____	_____	In the Bank
X _____			
Bank employee/Officer			Date _____