

# AirCapital Nevada, Inc.

502 N. Division St.  
Carson City, NV 89703  
(888)237-6532 [aerolease@cox.net](mailto:aerolease@cox.net)

## INDIVIDUAL APPLICATION

Date: \_\_\_\_\_

Please complete the following and return with the Specification Sheet and Purchase Agreement, if applicable. Any information omitted from application may delay processing

**APPLICANT INFORMATION: PLEASE PRINT**      Purchase      Equity      Lease

Applicant Name: _____	Married Single <b>Circle one</b>
Social Security Number: _____	Date of Birth: _____
Street Address: _____	
City, State, Zip: _____ County: _____	
Monthly Payment: _____	How Long: _____ Rent Own <b>Circle one</b>
Telephones: Home _____	Business _____ Fax _____
Employer: _____	How Long: _____
Employer's Address: _____	
Employer's Telephone: _____	Yearly Income: _____ Occupation: _____
Driver's License Number: _____	State: _____ Exp: _____
Ever financed or leased an aircraft: _____ If yes, financed or leased: _____	
With whom: _____	
Prior aircraft make and model: _____	N#: _____

**AIRCRAFT INFORMATION:**

Year, Make & Model: _____	Serial Number: _____
Registration Number: _____	Total time on aircraft: _____
Planned use of aircraft: _____	Is aircraft operational: _____
Who performed the last annual: _____	
Valid Airworthiness Certificate: _____	Date of Last Annual: _____
Engine Serial Number(s) Left: _____	Right: _____
Time on engine(s) SMOH Left: _____	Right: _____
Where is the aircraft located:	<b>Airport</b> <b>City</b> <b>State</b>
Presently: _____	
After Purchase: _____	
Intended Maintenance Facility: _____	

**AIRCRAFT FINANCIAL INFORMATION:**

Purchase Price: _____	Down Payment: _____
Funding Amount Requested: _____	Anticipated Closing Date: _____
Seller - Company: _____	Contact Name: _____
Seller - Telephone: _____	Seller Address: _____

**RETURN TO: [aerolease@cox.net](mailto:aerolease@cox.net)**