AIRCRAFT LOAN APPLICATION

SKY BANKERS
Legacy Bank AND TRUST

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 (*if less than 2 years at current employer*)			Previous Employer (*if less than 2 years at current employer*)		
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: ☐ YES ☐ NO		Airport it will be based at:		
List Optional avionics and equipment:				

Who will fly this aircraft?	TTAF	SMOH	☐ YES ☐ NO Is the Aircraft Airworthy?	/ Last Annual Date

Selling Price	Cash Down	Trade	Finance Amount	☐ Business ☐ Personal Primary Usage
Terms or Refinance Desired		Insurance Company		Insurance Phone#
Current Owner	Address	City	State	Phone #

☐ Trade ☐ Sell ☐ Continue to Use ☐ Refinance
What do you plan to do with your current aircraft?

☐ YES ☐ 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?	☐ YES ☐ NO	☐ YES ☐ NO
Are you a defendant in any suit or legal action? If Yes, Explain Explanation:	☐ YES ☐ NO	☐ YES ☐ NO
Have you ever taken bankruptcy? If yes, Explain Explanation:	☐ YES ☐ NO	☐ YES ☐ NO
Are you a partner or officer in any other venture?	☐ YES ☐ NO	☐ YES ☐ NO
Do you have a will?	☐ YES ☐ NO	☐ YES ☐ NO
Are you obligated to make alimony Support or Maintenance Payments? If yes, amount per month:	☐ YES ☐ NO	☐ YES ☐ NO
Other Contingent Liabilities: Are you a co-maker, endorser, or Guaranty on any other loan? If yes, amount per month:	☐ YES ☐ NO	☐ YES ☐ NO
Are there any unsatisfied judgements against you? If yes, Explain Explanation:	☐ YES ☐ NO	☐ YES ☐ 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 converstation (face-to-face, not in the bank)
_____	_____	_____	In the Bank

X_____ _____
Bank employee/Officer Date