

AirCapital Nevada, Inc.

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

CORPORATE 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:

Purchase

Equity

Lease

Corporate Name: _____	Title: _____
Officer: _____	Social Security Number: _____
Address: _____	
City, State, Zip: _____	
Years at this address: _____	Years in business: _____
State of incorporation: _____	County of Record: _____
State Tax Number: _____	EIN: _____
Telephone Number: _____	Fax Number: _____
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:	Airport	City	State
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