Flight Training Finance Application										
Flight School Name (if known)	FLIGHT TRAINING™ FINANCE THE SKY'S THE LIMIT 2101 Waukegan Rd, Suite 101 Bannockburn, IL 60015-1836 800.667.0201 flighttrainingfinancellc.com									
City and State (if known) School to be determined later Online Application Downloaded Application										
						For the fastest s	service, fax this comp	leted applica	tion to us at 8	347.267.1800.
First Name MI Last Nam	е	Date of Birth		Social Security No)					
Address		City/State/Zip								
Home Phone or None		Own Rent	Years There	\$ Monthly Payment						
Cell Phone or None		Email Address or	None							
Previous Address if Less than 5 Years at Current Address		City/State/Zip								
				\$						
Reason for Move		Own Rent	Years There	Monthly Payment						
Employer		Business Phone			Part-Time	Full-Time				
Address		City/State/Zip								
Position		Years There		Annual Salary						
Previous Employer if Less than 5 Years With Current Empl	oyer	Business Phone			Part-Time	Full-Time				
Address		City/State/Zip								
Previous Position		Years There		Annual Salary						
YOUR CREDIT AND PERSONAL REFERENCES	:									
Credit Reference		Account No		Balance Owing						
Personal Reference	Address/City/State/Zip			Phone						
Name/Relationship of Nearest Relative Not Living With You	u Address/City/State/Zip			Phone						
YOUR FLIGHT TRAINING TO BE FINANCED:										
Your Current Flight Experience: None Certificate Hel	ld			Total Ho	ours					
Your Anticipated Achievement With this Training				Fixed-W	/ing Roto	or/Helicopter				
\$				\$						
Estimated Training Cost (if known) Please choose the training and finance package that	Preferred Cash Down Pay t best suits your needs	ment: \$250.00 (s	standard) Othe	r						

Please see next page for optional information you would like us to consider.

3 Lessons Per Week/48 Payments

4 Lessons Per Week/30 Payments

1 Lesson Per Week/72 Payments

2 Lesson Per Week/60 Payments

I certify that all of the information I have provided on this application is correct and complete. I authorize Flight Training Finance, LLC. to investigate any facts and to obtain and exchange reports and information regarding this application and/or resulting account(s) with credit reporting agencies and others. Upon request I will be informed of each agency's name and address.

5 Lessons Per Week/18 Payments

Other

Applicant Signature Date Co-Borrower Signature Date

OPTIONAL: CO-BORROWER OR GUARANTOR INFORMATION

First Name	MI Last Name	Date of	Date of Birth		Social Security No			
Your Relationship to the Flight Studer	nt							
Address		City/State/Zip		.				
Home Phone or None		Own Rent	Years There	Monthly Payment				
Cell Phone or None		Email Address or No	Email Address or None					
Previous Address if Less than 5 Years	s at Current Address	City/State/Zip		\$				
Reason for Move		Own Rent	Years There	Monthly Payment				
Employer		Business Phone			Part-Time	Full-Time		
Address		City/State/Zip						
Position		Years There		Annual Salary				
Previous Employer if Less than 5 Year	ars With Current Employer	Business Phone			Part-Time	Full-Time		
Address		City/State/Zip						
Previous Position		Years There		Annual Salary				
For example, if you think there me helpful for us to have your comment the near future, you may want to you may also use this space to the hear future.	ation! This section is provided in case there in any be negative historical information in your nents on the cause of the past problems and comment on the amount and certainty of the tell us about regular income you receive other ou do not wish to have it considered as a base	credit report due to final how you have correctione change.	ancial problems ed them. Or, if you	you have experienced ou anticipate a signific mony, child support, o	d in the past, cant salary inc	crease in		