



Scope Aircraft Finance

Basic Underwriting Requirements Checklist

Section 1

IN ALL CASES, A LOAN APPLICATION IS REQUIRED WITH A SIGNATURE FROM EACH INDIVIDUAL BORROWER OR GUARANTOR. THESE SIGNATURES AUTHORIZE CREDIT BUREAU AND POSSIBLY OTHER BACKGROUND CHECKS.

IN ALL CASES, AN AIRCRAFT SPECIFICATION SHEET IS REQUIRED.

Section 2

In addition to the information in Section 1, the following is required.

For each Individual that is a Borrower and for each Personal Guarantor if a Company is the Borrower

| |
|--|
| 1) Detailed current Personal Financial Statement (PFS), if not included in the application |
| 2) The 2 most recent personal tax returns, including all forms and schedules |
| 3) Bank and/or brokerage statement(s) substantiating liquidity shown on PFS |

For each Company that is a Borrower and for each Corporate Guarantor

| |
|--|
| 1) The 2 most recent corporate annual financial statements with footnotes |
| 2) The 2 most recent corporate tax returns <i>if #1 are not Audits or Reviews</i> |
| 3) The most recent interim financial statements if the annual statement is more than 6 mo. old |

If the Borrower is an individual, provide a photocopy of Borrower's drivers license.

SCOPE Aircraft Finance

140 E. Town Street, Suite 1400

Columbus, Ohio 43215-5125

Phone 800-357-5773, Fax 614-221-2411

Aircraft Loan Application and Personal Financial Statement

Applicant / Guarantor Information

| | | | | |
|--|-----------------------------------|----------------------------|------------------------------------|-------------|
| Full Name | Social Security Number | | | Birth Date |
| Home Address | City | State | Zip | Years There |
| Former Address | City | State | Zip | Years There |
| Driver's License No. _____ | State _____ | U. S. Citizen (circle one) | | Yes No |
| Home Phone _____ | Office / Cell Phone _____ | | | |
| E-Mail Address _____ | | | | |
| Employer | Address (street, city, state,zip) | | | Years There |
| Name of Nearest Relative Not Living With You | Address: | | Phone: | |
| Primary Bank | Account Numbers | | Bank Contact Person / Phone Number | |

| <u>SOURCES OF INCOME</u> | | <u>LIST BELOW AMOUNTS OF ANY CONTINGENT LIABILITIES</u> | |
|------------------------------|-----------------|---|-----------------|
| Salary, bonuses, commissions | \$ _____ | As co-maker or guarantor | \$ _____ |
| Dividends, interest | \$ _____ | Legal claims against you | \$ _____ |
| Real estate income | \$ _____ | Amount of contested income tax liens | \$ _____ |
| Other | \$ _____ | Other | \$ _____ |
| TOTAL | \$ _____ | TOTAL | \$ _____ |

| | | |
|---|--|-------------------------------|
| Do you have a will? | If so, name of executor | No. of dependents: |
| Income tax settled through: | Are you a party in any suits or legal actions? | If so, attach an explanation. |
| Have you or any business entity in which you have been associated ever filed for bankruptcy?(circle one) Yes No | | |
| Are you obligated to pay alimony, child support, or separate maintenance payments? | | If so, amount: \$ |

Co-Applicant / Guarantor Information

Applicant's spouse must complete this section if applicant is relying on the spouse's income as a basis for repayment of the credit and/or relying on the spouse's assets or share of the assets as a basis for obtaining credit.

| | | |
|--|-----------------------------------|----------------------------|
| Full Name | Social Security Number | Birth Date |
| Home Address | City | State |
| | Zip | Home Phone |
| | Years There | |
| Driver's License No. | State | U. S. Citizen (circle one) |
| Business Phone | Yes | No |
| Employer | Address (street, city, state,zip) | |
| | | Years There |
| Position | Monthly Gross Income | |
| Name of Nearest Relative Not Living With You | Address | Phone |

Complete This Section If Self Employed or Seeking Credit In A Business Name

| | | | | | |
|-----------------------------------|----------------------------------|---|-----------------|----------------|-------|
| Name of Business (Use Legal Name) | | | | | |
| Type of Business (circle one) | Corporation | LLC | Partnership | Proprietorship | Other |
| Address | | City | State | Zip | |
| Phone | Fax | State and Date of Incorporation / Formation | | D & B Number | |
| Federal I.D. No. (E.I.N.) | Product Sold / Service Performed | | | | |
| Principals | % Ownership | | Title | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Name of your Accountant | | Phone | Fiscal Year End | | |

Business Financial Obligations and / Credit / Trade References (use additional sheet if necessary)

| Name, City, State | Account No. | Current Balance | Contact Person / Phone No. |
|-------------------|----------------------------|----------------------------|----------------------------|
| 1. | | | |
| 2. | | | |
| 3. | | | |
| 4. | | | |
| 5. | | | |
| 6. | | | |
| 7. | | | |
| Primary Bank | Depository Account Numbers | Contact Person / Phone No. | |

Aircraft Information

If a specific aircraft has not been selected, leave first 3 lines blank.

| | | | | | |
|---|--|-----------------------------|---------------------------------------|--|--|
| Year | Make | Model | FAA reg | Serial Number | Asking Price (used) / List Price (new) |
| | | | N | | |
| Airframe Hours | Engine(s) SMOH | Since Hot Section | Engine Work Done By? | Last Annual | |
| | L R | L R | | | |
| Damage History? Yes No | Any Modifications? / Conversions? / STCs?, If Yes, Provide Details Below, or attach Separate Sheet | | | | |
| Are You A Pilot? Yes No | Ratings / Total Hours | Who Will Fly This Aircraft? | | | |
| Base Airport, City, State, County | Hangared? Yes No | | Name and Phone No. of Insurance Agent | | |
| Use Of Aircraft Business Pleasure Commercial | specify _____ | | | Anticipated Annual Usage _____ hrs/yr | |
| Have You Owned An Aircraft Before? Yes No | If Yes, When? | Year / Make / Model | Still Owned? Yes No | | |
| Was/Is it Financed? Yes No | If So, Where? | Under What Name? | | | |
| Do You Request Permission for Shared Usage or to Sublease the Aircraft? Yes No If Yes, Provide a Few Details on a Separate Sheet. | | | | | |

THE UNDERSIGNED APPLICANT(S) REPRESENT AND WARRANT THAT THE FOREGOING INFORMATION IS TRUE, COMPLETE AND CORRECT. THE UNDERSIGNED AUTHORIZE ALL BANKING AND TRADE REFERENCES TO RELEASE ACCOUNT BALANCES, PAYMENT RECORDS AND ANY OTHER INFORMATION DEEMED NECESSARY BY SCOPE LEASING, INC. TO VERIFY ABOVE INFORMATION.

Date _____

Signature of Applicant _____

Date _____

Signature of Joint Applicant _____

Personal Financial Statement

Name _____ Check Here if Joint Statement With Spouse Date _____

| Assets | In Even Dollars | Liabilities | In Even Dollars |
|--|-----------------|--|-----------------|
| Cash on hand / in banks / other (Sch. A) | \$ | Notes payable to banks - Secured | \$ |
| Listed securities / mutual funds (Sch. B) | | Notes payable to banks - Unsecured | |
| Accounts and notes receivable (Sch. C) | | Other notes payable | |
| Equity in closely held corp./partnerships (Sch. D) | | Real estate mortgages payable (Sch.E) | |
| Real estate (Sch. E) | | Unpaid taxes/judgments/liens | |
| Other assets- itemize | | Other debts-itemize | |
| | | | |
| | | Total Liabilities | |
| | | Net Worth | |
| Total Assets | | Total Liabilities and Net Worth | |

(Complete schedules and sign on back of this form)

Schedule A-Cash In Banks / Savings & Loans / Brokerage Accounts

| Name of Financial Institution | Account Type <small>(CD, MMA, IRA, CK, Sav.)</small> | Account Number | Amount |
|-------------------------------|---|----------------|--------|
| | | | |
| | | | |
| | | | |
| | | | |

Schedule B-Listed Securities / Mutual Funds

| Description | Number of Shares | In Name Of | If Pledged, To Whom? | Current Market Value |
|-------------|------------------|------------|----------------------|----------------------|
| | | | | |
| | | | | |
| | | | | |

Schedule C-Accounts and Notes Receivable

| Name of Debtor | Amount Owed | Collateral | Payments | Age of Debt |
|----------------|-------------|------------|----------|-------------|
| | | | | |
| | | | | |

Schedule D-Equity in Closely held Corporations and Partnerships

| Company / Partnership Name | % Owned | Value | Method of Valuation |
|----------------------------|---------|-------|---------------------|
| | | | |
| | | | |

Schedule E-Real Estate Owned (include commercial and residential)

| Description of Property | Date Acquired | Title in Name Of | Cost | Market Value | Mortgage Balance |
|-------------------------|---------------|------------------|------|--------------|------------------|
| | | | | | |
| | | | | | |
| | | | | | |

Life Insurance

| Insurance Company | Type of Policy | Owner of Policy | Beneficiary | Face Amount | If Assigned, To Whom? |
|-------------------|----------------|-----------------|-------------|-------------|-----------------------|
| | | | | | |
| | | | | | |

THE INFORMATION CONTAINED IN THIS STATEMENT IS PROVIDED FOR THE PURPOSE OF ESTABLISHING OR MAINTAINING CREDIT WITH SCOPE LEASING, INC. (SCOPE) ON BEHALF OF THE UNDERSIGNED, OR PERSONS, PARTNERSHIPS, OR CORPORATIONS IN WHOSE BEHALF THE UNDERSIGNED MAY EITHER SEVERALLY OR JOINTLY WITH OTHERS, EXECUTE A GUARANTY IN SCOPE'S FAVOR. EACH UNDERSIGNED UNDERSTANDS THAT SCOPE IS RELYING ON THE INFORMATION PROVIDED HEREIN (INCLUDING THE DESIGNATION MADE AS TO OWNERSHIP OF PROPERTY) IN DECIDING TO GRANT OR CONTINUE CREDIT. EACH UNDERSIGNED REPRESENTS AND WARRANTS THAT THE INFORMATION PROVIDED HAS BEEN CAREFULLY REVIEWED AND IS TRUE, CORRECT AND COMPLETE. EACH OF THE UNDERSIGNED AGREES TO NOTIFY SCOPE IMMEDIATELY, IN WRITING, OF ANY CHANGE OF ADDRESS, EMPLOYMENT, OR CHANGE IN THE FINANCIAL CONDITION OF THE UNDERSIGNED WHICH MAY ADVERSELY AFFECT THEIR ABILITY TO PERFORM OBLIGATIONS TO SCOPE. SCOPE IS AUTHORIZED TO MAKE ALL INQUIRIES SCOPE DEEMS NECESSARY TO VERIFY THE ACCURACY OF THE STATEMENTS MADE HEREIN, AND TO DETERMINE CREDITWORTHINESS OF THE UNDERSIGNED. SCOPE IS AUTHORIZED TO ANSWER QUESTIONS ABOUT ITS CREDIT EXPERIENCE WITH THE UNDERSIGNED.

Signature _____

Signature _____

Date _____

Date _____