



CIRRUS FINANCE
 110 Tyson Boulevard, Suite 201, Alcoa TN 37701
 Tel: 855.453.8189 fax: 865.724.1995
www.cirrusaircraft.com finance@cirrusaircraft.com

DOMESTIC AIRCRAFT CREDIT INFORMATION

Please send the complete application and supporting documents to:

Mail to Cirrus Finance, 110 Tyson Boulevard, Suite 201, Alcoa TN 37701

OR

to securely upload to Cirrus Finance via our technology partner, Box.com use this

link: <https://cirrusaircraft.com/cirrus-finance/#app-upload>

Our goal is to provide you with the fastest possible turnaround and we need your help to accomplish this. We need a complete application package with all of the requested detail and supporting financial documents as listed below:

Please note the information we need in order to complete our underwriting, from:

You	Business(es) you Own
<ul style="list-style-type: none"> <input type="checkbox"/> Application with current Personal Financial Statement (PFS) on the application form or you may attach your own. Sign/date the bottom of Page 2. <input type="checkbox"/> Verification of liquid assets – copy of recent bank, stock and/or money market account statements as listed on the PFS <input type="checkbox"/> 2 Years Federal Tax Returns including schedules, W-2s and K-1s. 3 years for loans \$1 million+ <input type="checkbox"/> Current Paystub <input type="checkbox"/> Aircraft Specifications (if used model) 	<p>All information listed to the LEFT (the lender requires a personal guaranty therefore personal information is required) PLUS:</p> <ul style="list-style-type: none"> <input type="checkbox"/> 2 Years Federal Tax Returns including schedules and K-1s. 3 years for loans \$1 million+ <input type="checkbox"/> Year-to-Date Financials (P&L and Balance Sheet) <input type="checkbox"/> Verification of Corporate liquid assets <input type="checkbox"/> If available, 2 Years CPA-Audited or Reviewed financials with notes. 3 years for loans \$1 million+

The above is only a guideline. Specific situations may require you to provide additional information.

Once approved, Cirrus Finance will take care of FAA registration and work with your insurance agent to ensure that funding is complete upon delivery of your Cirrus aircraft. Additionally, if purchasing the SF50 Vision Jet, filing the engine with the International Registry is required; we will assist you in completing this through an aviation escrow company.

Contact Information

Cirrus Finance, Inc.
 110 Tyson Boulevard, Suite 201
 Alcoa TN 37701
 Phone: 855.453.8189
 Fax: 865.724.1995
 E-mail: finance@cirrusaircraft.com

Cirrus Insurance 877.963.9080
insurance@cirrusaircraft.com

Spouse: Applicant's spouse must complete the CO-APPLICANT section if applicant is relying on spouse's income as a basis for repayment of the credit, or if the applicant resides in Arizona, California, Hawaii, Idaho, Louisiana, Michigan, Nebraska, Nevada, New Mexico, Oklahoma, Oregon, Texas, or Washington.

AIRCRAFT CREDIT APPLICATION & PERSONAL FINANCIAL STATEMENT

PERSONAL INFORMATION

<input type="checkbox"/> New <input type="checkbox"/> Used (If used, please include aircraft details) <input type="checkbox"/> Purchase <input type="checkbox"/> Lease <input type="checkbox"/> Refinance <input type="checkbox"/> Pre-Approval (no order yet) APPLICANT		CO-APPLICANT	
Full Legal Name*:		Full Legal Name*:	
Are you a U.S. citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date of Birth*:	Are you a U.S. citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date of Birth*:
Social Security Number*:	Home Phone Number:	Social Security Number*:	Home Phone Number:
e-mail:	Cell Phone Number:	e-mail:	Cell Phone Number:
Address*:		Address*:	
Home city, state, ZIP*:		Home city, state, ZIP*:	
Check one: <input type="checkbox"/> Own <input type="checkbox"/> Rent Number of years at this address:	Monthly rent or mortgage payment: \$	Check one: <input type="checkbox"/> Own <input type="checkbox"/> Rent Number of years at this address:	Monthly rent or mortgage payment: \$

***DISCLOSURE A: Federal law requires us to collect and verify this information. A Post Office Box will not suffice. We are required to obtain a street address.**

EMPLOYMENT INFORMATION

Do you own your own business? <input type="checkbox"/> Yes <input type="checkbox"/> No	Years at current position?	Do you own your own business? <input type="checkbox"/> Yes <input type="checkbox"/> No	Years at current position?
Employer's name:		Employer's name:	
Employer's phone number:		Employer's phone number:	
Employer's address:		Employer's address:	
Employer's city, state, ZIP code:		Employer's city, state, ZIP code:	
Job title:	Occupation:	Job title:	Occupation:
Gross Income – Monthly: \$		Gross Income – Monthly: \$	
Other income** Source \$ _____ Per month \$ _____ Per year		Other income** Source \$ _____ Per month \$ _____ Per year	

**** DISCLOSURE B: Alimony, child support or separate maintenance income need not be revealed if you do not wish it considered as a basis for repayment.**

BUSINESS INFORMATION (Entities you own personally)

Name of Business	Address	Phone / Fax
Fiscal Year End	Product / Services Sold	Web Page
Number of Employees	Federal Tax ID Number (EIN)	State / Date of Incorporation
Principals Name:	% Ownership:	Title:

APPLICANT / CO-APPLICANT

Are either of you obligated to make alimony, child support or separation maintenance payments?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, amount per month?
Are there any unsatisfied judgments against either of you?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, to whom owed?
Do either of you have any contingent liabilities?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please describe:
Have either of you ever declared bankruptcy?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please give date?

DETAILS

Type of Pilot Certificate: Student Pvt Comm ATP None Current Hours _____

Do you have previous aircraft ownership experience? Yes No Type of aircraft trained in: _____

Previous aircraft financed by: _____

Aircraft will be registered to: Individual Co-ownership Partnership Corporation LLC Other

Name of registration entity: _____ Tax ID Number: _____

Aircraft will be based at: _____

How will aircraft be used? Personal/Business Commercial

Utilization? FAA Part 91 Business (personal and/or use within your own business)

Pleasure

Part 135 (leaseback/ flying club/flight training use)

Selling price: \$	Amount of cash down: \$	Finance amount: \$	Terms desired: years
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All loans subject to an origination fee (\$1,000 for Piston - \$1,500 for Jet). Auto debit for monthly payments may be required.

DISCLOSURES: Consent to Use of a Consumer Credit Report: The undersigned individual(s) recognize that personal credit history may be a factor in the evaluation of the credit history or credit worthiness of the applicant or in the evaluation of his or her personal guarantee of the obligations of the credit applicant (if applicable). Further, a condition of credit approval may include their guarantee, and the undersigned hereby instruct and authorize Cirrus Design Corporation dba Cirrus Finance, administered by AirFleet Capital Inc. and its lenders, including all subsidiaries thereof (collectively "CDC ") to obtain and use consumer credit reports pertaining to each individual's credit history and/or credit worthiness from any credit reporting agency from which CDC receives such reports, in connection with the application for the extension of credit by CDC.

In connection with any such application for credit, the undersigned further agrees that CDC's permission to obtain a consumer credit report on the undersigned and any guarantor shall be ongoing and shall relate not only to the evaluation and/or extension of the credit requested, but also for purposes of reviewing the account. Increasing the credit line on the account (if applicable), taking collection action on the account, and for any legitimate business purpose associated with the account as may be needed from time to time.

I/We further authorize CDC to give data contained in this application and credit information about any guarantor to its subsidiaries, affiliates and agents. I/We can prevent CDC from sharing such information, other than information about CDC's transactions, experience with guarantor, or as permitted by law, by calling the creditor at the phone number listed on this application.

Release of Credit Information: Authorization is hereby granted to all credit reporting agencies, banks, and all other companies to release credit and financial information to CDC from time to time, which CDC deems necessary to establish and maintain credit. I/We further authorize any company or individual from whom I/We may have obtained or requested credit to furnish CDC with the details of that transaction. I/We agree to provide current financial information upon request, in a form acceptable to CDC.

Equal Credit Opportunity Act Notice: CDC is an Equal Opportunity Lender. The Federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, handicap, marital status, age (provided that applicant has the capacity to enter into a binding contract); because all or part of the applicant's income derives from any public assistance program; or the applicant has in good faith exercised any right under the Consumer Credit Protection Act. The Federal agency that administers compliance with this law concerning this creditor is the Federal Trade Commission.

Please read below, check the appropriate box, sign and date. I/We certify that the information herein and any other information submitted at any other time to CDC has been carefully read and is true, correct and complete. I/We authorize CDC and its lenders: (i) to review my/our credit and employment histories and any other information in order to process this application, service my/our account, and manage its relationship with me/(us, and (ii) to communicate with others, to the extent permitted by law, such information and its experience with me. I/We are submitting all such information with the intent to secure financing and understand that lenders rely on this information in evaluating and granting the credit requested.

<input type="checkbox"/>	I am requesting credit as an individual in my own name and am relying on my own income and assets and not the income and assets of another person.
<input type="checkbox"/>	I am requesting credit jointly or an account that I will use with another person. We intend to apply for joint credit.
Signature of Applicant	Date
Signature of Co-Applicant	Date



PERSONAL FINANCIAL STATEMENT

PERSONAL FINANCIAL STATEMENT IF ADDITIONAL INFORMATION OR FINANCIAL STATEMENTS ARE USED, PLEASE SIGN, DATE, AND ATTACH THEM TO THIS FORM.			
ASSETS		LIABILITIES	
	In Whole Dollars		In Whole Dollars
Cash, Checking, Savings, Money Market, etc (Sched 1)		Real Estate Mortgages -- Primary Residence (Sched 4)	
Stocks, Bonds, CDs, etc (Marketable Securities) (Sched 2)		Real Estate Mortgages -- All Other (Sched 4)	
Retirement/Educational--401k, 403b, IRA, 529 etc (Sched 3)		Notes Payable to Banks--Secured (Sched 5)	
Real Estate -- Primary Residence (Sched 4)		Notes Payable to Banks--Unsecured (Sched 5)	
Real Estate -- All Other (Sched 4)		Unpaid Taxes/ Judgments/ Liens	
Life Insurance CASH value		Accounts and Bills Due	
Non-Marketable Securities/ Business value (Sched 6) -- Entities you own personally, not publicly traded		Other Debts (Sched 5)	
Accounts & Notes Receivable (Sched 7)			
Other Assets -- Itemize (i.e. cars, furnishings)			
		TOTAL LIABILITIES	
TOTAL ASSETS		NET WORTH (Subtract total Liabilities from Total Assets)	

SCHEDULE 1 -- CASH, CHECKING, SAVINGS, MONEY MARKET -- attach recent statements				
Financial Institution	Account Type	In Name of	Held in Trust?	Current Balance
Total \$				

SCHEDULE 2 -- STOCKS, BONDS, CDs, etc (MARKETABLE SECURITIES) -- attach recent statements			
Account Name	In Name of	Held in Trust?	Current Market Value
Total \$			

SCHEDULE 3 -- RETIREMENT/EDUCATIONAL ACCOUNTS (401k, 403b, SEP, IRA, 529, etc) - attach recent statements			
Account Name	In Name of	Held in Trust?	Current Market Value
Total \$			

SCHEDULE 4 – REAL ESTATE OWNED

Address	Titled To	Held in Trust?	Rental or Commercial Property?	Year Acquired	Original Purchase Price	Market Value	Monthly Payment	Balance Due
<i>Primary Residence</i>								
Total \$								

SCHEDULE 5 – SECURED & UNSECURED LOANS

Name of Creditor	Description	Monthly Payment	Balance Due
Total \$			

SCHEDULE 6 – NON-MARKETABLE SECURITIES / CORPORATIONS & PARTNERSHIPS (businesses owned by you)

Name & Description	In Name of	% Owned	Held in Trust?	Market Value
Total \$				

SCHEDULE 7 – ACCOUNTS & NOTES RECEIVABLE (money owed to you by others)

Description of Asset or Property	Name of Debtor	Maturity Date	Monthly Payment	Balance Due
Total \$				

Applicant: _____

Date: _____

Co-Applicant: _____

Date: _____