

# MADISON CAPITAL

EQUIPMENT & VEHICLE FINANCING

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CREDIT APPLICATION

FIRM or BUSINESS NAME:				IF AIRCRAFT OWNED IN LLC, NAME HERE:			
ADDRESS:				CITY:		STATE:	ZIP:
PHONE:	DATE ESTABLISHED:	NATURE OF BUSINESS:		<input type="checkbox"/> PROPRIETORSHIP <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> CORP <input type="checkbox"/> LLC			
PRINCIPALS NAME:			POSITION:	% OF OWNERSHIP:	HOME PHONE:		
HOME ADDRESS:				CITY:		STATE:	ZIP:
<input type="checkbox"/> OWNS: <input type="checkbox"/> RENTS:	HOW LONG?	SS #:	DOB:	NAME OF SPOUSE:			
PREVIOUS ADDRESS (IF CURRENT ADDRESS IS LESS THAN 2 YEARS):							
PRINCIPALS NAME:			POSITION:	% OF OWNERSHIP:	HOME PHONE:		
ADDRESS:				CITY:		STATE:	ZIP:
<input type="checkbox"/> OWNS: <input type="checkbox"/> RENTS:	HOW LONG?	SS #:	DOB:	NAME OF SPOUSE:			
PREVIOUS ADDRESS (IF CURRENT ADDRESS IS LESS THAN 2 YEARS):							
EMAIL ADDRESS:				FED ID#	STATE OF INCORPORATION:		
<b>BANK REFERENCE</b>							
NAME OF BANK:				PHONE:	PERSON TO CONTACT:		
CHECKING ACCT #			SAVINGS ACCT #		LOAN ACCT:		
NAME OF BANK:				PHONE:	PERSON TO CONTACT:		
CHECKING ACCT #			SAVINGS ACCT #		LOAN ACCT:		
<b>REFERENCES</b>							
PREVIOUS AIRCRAFT FINANCING:				ACCOUNT #	PHONE:		
CURRENT AIRCRAFT FINANCING:				ACCOUNT #	PHONE:		
DO YOU RENT YOUR OFFICE SPACE?		NAME OF LANDLORD:				PHONE:	
<b>INSURANCE INFORMATION</b>							
NAME OF INSURANCE AGENT:						PHONE:	
ADDRESS:				CITY:		STATE:	ZIP:
<b>AIRCRAFT EQUIPMENT/REPAIR STATION INFORMATION</b>							
REPAIR STATION:				REPAIR STATION CONTACT:		FAA CERT #	
REPAIR STATION ADDRESS AND/OR WEBSITE:				REPAIR STATION PHONE:		WHO FLIES IT (NAME):	
YEAR	MAKE	MODEL		SERIAL NO.		LOCATION HANGERED:	
DATE OF LAST MAJOR OVERHAUL		FAA REG #		FINANCE AMOUNT: \$		TERM DESIRED:	
CURRENT LIEN ON AIRCRAFT <input type="checkbox"/> YES <input type="checkbox"/> NO				<b>Please attach proposed AVIONICS SPEC SHEET AND QUOTE, if available.</b>			
<b>RELEASE</b>							
TO WHOM IT MAY CONCERN:							
THIS WILL BE YOUR AUTHORITY AND MY REQUEST FOR YOU TO RELEASE TO MADISON CAPITAL, LLC AND/OR ITS ASSIGNEES, ANY INFORMATION THEY MAY REQUEST CONCERNING CREDIT STANDING WITH YOUR COMPANY AND/OR MONEY ON DEPOSIT. I HEREBY FURTHER AUTHORIZE MADISON CAPITAL, LLC AND/OR ITS ASSIGNEES, TO OBTAIN ANY AVAILABLE PERSONAL CREDIT BUREAU REPORTS, AS WELL AS BANK AND TRADE REFERENCES, AND UTILIZE PHOTOCOPIES OF THIS RELEASE IN CONJUNCTION WITH THE CREDIT APPLICATION PROCESS.							
FOR (COMPANY NAME): _____							
BY (NAME OF OFFICER): _____ TITLE: _____							
SIGNATURE: _____ DATE: _____							