

Flight Training Finance Application

Jacobs Flight Services, LLC
1090 Airglades Blvd.
Clewiston, FL 33440



Pilot Finance, Inc.
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www.pilotfinance.com

For the fastest service, FAX this completed application to us. FAX: 847-267-1800

Please tell us about yourself

Name:	Date of Birth:	Social Security No:
Address:	City, State, Zip:	
Home Phone:	<input type="checkbox"/> Own <input type="checkbox"/> Rent	Years There: Monthly Payment: \$
Cell Phone:	E-mail Address:	
Previous Address:	City, State, Zip:	
Reason for Move:	<input type="checkbox"/> Owned <input type="checkbox"/> Rented	Years There: Monthly Payment: \$
Employer:	Business Phone:	<input type="checkbox"/> Part-Time <input type="checkbox"/> Full-Time
Address:	City, State, Zip:	
Position:	Years There:	Annual Salary: \$
Previous Employer:	Business Phone:	<input type="checkbox"/> Part-Time <input type="checkbox"/> 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 and Relationship of Nearest Relative not living with you:	Address: City, State, Zip:	Phone:

Your Flight Training to be Financed

Your Current Flight Experience:	<input type="checkbox"/> None <input type="checkbox"/> Certificate Held:	Total Hours:
Your Anticipated Achievement with this Training:	<input type="checkbox"/> Fixed-Wing <input type="checkbox"/> Rotor/Helicopter	
Estimated Training Cost (if known): \$	Preferred Cash Down Payment: <input type="checkbox"/> \$250 (Std) <input type="checkbox"/> Other: \$	

Please choose the training and finance package that best suits your needs:

- | | | |
|---|---|---|
| <input type="checkbox"/> 1 Lesson Per Week / 72 Payments | <input type="checkbox"/> 3 Lessons Per Week / 48 Payments | <input type="checkbox"/> 5 Lessons Per Week / 18 Payments |
| <input type="checkbox"/> 2 Lessons Per Week / 60 Payments | <input type="checkbox"/> 4 Lessons Per Week / 30 Payments | <input type="checkbox"/> Other: |

Please see the reverse side for optional information you would like us to consider!

I certify that all of the information I have provided on this application is correct and complete. I authorize Pilot Finance, Inc. 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.

Be sure to sign here

Applicant (signature)

Date

Co-Borrower (signature)

Date

