

First Priority Bank AIRCRAFT LOAN APPLICATION

Please complete this application by typing in the information in the highlighted boxes. You will need to then print the application and **initial in the box below for joint intent**, and then **sign and date** on the last page. If you wish to email to us, please send an email to amcclure@firstpriority.com or aircraft@firstpriority.com stating you have a completed application to send. We will then send you a secure email you may reply to and attach this document.

You may also mail or fax the application to us at the address or fax number shown below.

Along, with your completed, signed application, please return with TWO (2) FORMS OF ID (one of which must be current driver's license or state issued photo ID card), LAST TWO (2) YEARS OF FEDERAL TAX RETURNS WITH ALL W-2'S & 1099'S AND LAST TWO (2) PAYSTUBS. Business applicants must provide proof of business (such as Articles of Incorporation, government-issued business license, partnership agreement, etc.) YOUR APPLICATION WILL NOT BE PROCESSED WITHOUT THESE DOCUMENTS.

First Priority Bank's policy does not allow the opening of accounts to applicants that have applied for, but have not yet received a taxpayer identification number.

NOTE: BEFORE any aircraft loan can be funded, we require **complete copies** of the airframe logbooks and copies of engine logs from the last detailed major overhaul to the present time.

Fax the information to (918)825-0519

Or

Mail to:

First Priority Bank
Attn: April McClure
P.O. Box 218
Pryor, OK 74362

Contact Info:

April McClure
Email: amcclure@firstpriority.com
PH: (800)462-7032
(918)825-2121

IMPORTANT: Read these directions before completing this Statement, and **check the appropriate box below**.

I intend to apply for credit individually. _____ (initial)
 We intend to apply for joint credit. _____ (initial) _____ (initial)

► If you are applying for individual credit in your own name and are relying on your own income or assets and not the income of another person as the basis for repayment of the credit requested, complete only Sections A and D.
► If you are applying for joint credit with another person, complete all Sections providing information in each Section B about the joint applicant.
► If your business is purchasing the aircraft, please complete Section C and D, along with Section A.
► If this statement relates to your guaranty of the indebtedness of other person(s), firm(s) or corporation(s), complete Section A and D.
► Please complete Section E – Aircraft Specification Worksheet

USA Patriot Act/Customer Identification Program: Important Information about Procedures for Opening a New Account

To help the government fight the funding of terrorism and money laundering activities, the USA Patriot Act requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account. What this means for you: When you open an account, we will ask your name, physical address, date of birth, taxpayer identification number and other information that will allow us to identify you. We may also ask to see your driver's license or other identification documents. We will let you know if additional information is required.

AMOUNT REQUESTED	PAYMENT DATE	PROCEEDS OF CREDIT TO BE USED FOR:

◀Applicant Information▶

SECTION A – INDIVIDUAL INFORMATION		SECTION B – JOINT PARTY INFORMATION	
Name (First, Middle Initial, Last)		Name (First, Middle Initial, Last)	
SSN/Tax ID Number		SSN/Tax ID Number	
Date of Birth		Date of Birth	
Are you a U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No		Are you a U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Home Phone		Home Phone	
Work Phone		Work Phone	
Cell Phone		Cell Phone	
Email Address		Email Address	
Drivers License/State ID Card No. <hr/> <hr/>		Drivers License/State ID Card No. <hr/> <hr/>	
State _____ Date of Issuance _____		State _____ Date of Issuance _____	
Date of Expiration _____		Date of Expiration _____	

◀Residence▶

SECTION A – INDIVIDUAL INFORMATION		SECTION B – JOINT PARTY INFORMATION	
Current Physical Address <hr/> <hr/>		Current Physical Address <hr/> <hr/>	
City, State & Zip		City, State & Zip	
How many years at Current Address?		How many years at Current Address?	
Mailing Address (if different from physical) <hr/> <hr/>		Mailing Address (if different from physical) <hr/> <hr/>	
City, State, & Zip		City, State & Zip	
Previous Address	Years There _____	Previous Address	Years There _____
<hr/> <hr/>		<hr/> <hr/>	
City, State, & Zip		City, State, & Zip	

◀Employer Information▶

SECTION A – INDIVIDUAL INFORMATION		SECTION B – JOINT PARTY INFORMATION	
Present Employer	Years There _____	Present Employer	Years There _____
Physical Address _____		Physical Address _____	
City, State, & Zip		City, State, & Zip	
Occupation		Occupation	
Position or Title		Position or Title	
Present Gross Salary or Commission \$ _____ PER		Present Gross Salary or Commission \$ _____ PER	
Previous Employer	Years There _____	Previous Employer	Years There _____
Physical Address _____		Physical Address _____	
City, State, & Zip		City, State, & Zip	
Alimony, child support, or separate maintenance income need not be revealed if you do not wish to have it considered as a basis for repaying this obligation.			
Other Income \$ _____ PER	Other Income \$ _____ PER	Source	
Is any income listed above likely to be reduced before the credit requested is paid off? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, explain: _____			

◀Relative Contacts▶

List Nearest Relative Not Living With You –

SECTION A - INDIVIDUAL INFORMATION		SECTION B – JOINT PARTY INFORMATION	
Relative's Name		Relative's Name	
Relationship		Relationship	
Physical Address		Physical Address	
City, State, Zip		City, State, Zip	
Phone		Phone	

◀Business Information▶

SECTION C- If your business is purchasing the aircraft, please complete this section.			
Legal Name of Business		d/b/a name, if different	
Business Address (No P.O. Boxes)		Mailing Address (if different)	
City		City	
State	Zip	State	Zip
Phone		Fax	
Email		Federal Tax ID Number	
Date Established		Current Ownership Since Date	
Description of Business		Business Structure (check one)	<input type="checkbox"/> S Corporation <input type="checkbox"/> C Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> LLC <input type="checkbox"/> Not-for-Profit <input type="checkbox"/> Other
State of Incorporation		Number of Employees	

◀Financial Information▶

SECTION D – FINANCIAL INFORMATION			
Assets (what you own)	In Dollars		
Checking Accounts	\$		
Savings Accounts	\$		
IRA/Retirement Accounts	\$		
US Gov't & Marketable Securities	\$		
Other Securities	\$		
Real Estate Owned	\$		
Automobiles	\$		
Recreational Vehicles	\$		
Vessel/Aircraft	\$		
Other Personal Property	\$		
Other Assets/Itemize:	\$		
1)	\$	2)	\$

SECTION D – FINANCIAL INFORMATION			
Bank Information			
Account Type (check one)	Account Number	Bank Name/Location	
<input type="checkbox"/> Checking <input type="checkbox"/> Other			
<input type="checkbox"/> Savings			
<input type="checkbox"/> Checking <input type="checkbox"/> Other			
<input type="checkbox"/> Savings			
<input type="checkbox"/> Checking <input type="checkbox"/> Other			
<input type="checkbox"/> Savings			

Liabilities (what you owe)			
Debt Type	Unpaid Balance	Monthly Payment	Months Remaining
Mortgage/Personal Residence	\$	\$	\$
Home Equity Loan (2 nd Mortgage)	\$	\$	\$
Notes Payable – Income Property	\$	\$	\$
Notes Payable – Vessel/Aircraft/RV	\$	\$	\$
Notes Due – Personal	\$	\$	\$
Credit Cards	\$	\$	\$
Unpaid Income Tax Due	\$	\$	\$
Other Liabilities/Itemize			
1)	\$	\$	\$
2)	\$	\$	\$
3)	\$	\$	\$

◀Contingent Liabilities▶

SECTION D – CONTINGENT LIABILITIES Please answer the following questions	
Are you or your business the endorser, co-maker, or guarantor of anyone's debt or loans?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you financially liable on any leases and/or contracts?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are there any Legal Claims you are financially liable for?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you or your business have any unpaid tax liabilities?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Amount of any tax liens?	\$
Are you a defendant in any suits or legal action?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you or your business declared bankruptcy in the last 10 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If so, explain. Year?	
If you answered yes to any questions, please explain:	

◀Aircraft Specification Worksheet▶

SECTION E - Aircraft Information		
Year	Make	Model
Registration Number	Serial Number	Purchase Price \$
Is aircraft currently airworthy? □ Yes □ No	What is the date last flown?	Has aircraft ever operated under foreign registry? □ Yes □ No If yes, which country? _____ Dates? _____
Will aircraft be leased? □ Yes □ No	Where will aircraft be based?	Avg. (Expected) Total Hrs/Yr
Are logs complete? □ Yes □ No Missing Yrs Airframe: Missing Yrs Engine: Missing Yrs Prop:	Damage History? □ Yes □ No	Damage History - What/When?
Airframe	Engine	List Avionics
Current Airframe Total Hours	Engine Make & Model	Nav/Com: Nav/Com:
Date of Last Annual	SMOH & Date:	GPS: GPS/COM:
AF Hours when Completed	STOH & Date:	A/P:
Exterior Condition "10 Reserved for Brand New"		HSI:
10 9 8 7 6 5 4 3 2 1 □ □ □ □ □ □ □ □ □ □	MFD/EFIS/PFD:	
Comments:	FD: Stormscope:	
Interior Condition "10 Reserved for Brand New"		Engine Monitor:
10 9 8 7 6 5 4 3 2 1 □ □ □ □ □ □ □ □ □ □	X-Ponder:	
Comments: (Interior – Leather □ Cloth □)	Audio Panel: Radar:	
Refurbished? □ Yes □ No Year Hrs	Was Interior totally replaced or Seat Covers? □ Yes □ No	TCAS: WX-Data Link □ Yes □ No ADSB Is It: □ In □ Out Air-Condition □ Yes □ No MODS List:

I acknowledge that I have made this application with the intent that you should rely upon the information contained herein in granting the credit requested. I understand that, if the loan is granted, you may report information concerning the credit to consumer reporting agencies and others.

I affirm that my answers are complete and true and authorize you to verify or obtain any information necessary concerning them. Upon your request, I further authorize any firm or individual from whom I may have obtained or requested credit, to furnish you with the details of that transaction. I also agree to provide current financial information upon request in a form that is acceptable to you as well as any additional information needed to verify my identity. I am authorizing First Priority Bank to check my credit and employment history.

Signature	Signature
Date Signed:	Date Signed:

BEFORE SUBMITTING, INCLUDE THE FOLLOWING:

TWO (2) FORMS OF ID (ONE MUST BE A CURRENT DRIVER'S LICENSE OR STATE ISSUED PHOTO ID)

LAST TWO (2) YEARS OF FEDERAL TAX RETURNS WITH ALL W-2'S & 1099'S

TWO (2) MOST RECENT PAYSTUBS

BUSINESS APPLICANTS, IN ADDITION TO THE ABOVE, MUST INCLUDE:

ARTICLES OF INCORPORATION, GOVERNMENT-ISSUED BUSINESS LICENSE, PARTNERSHIP AGREEMENT AND OPERATING AGREEMENT

Equal Credit Opportunity Notice

Commercial Applicants Credit Denial Notice: If your gross revenues were \$1,000,000 or less in your previous fiscal year, or you are requesting trade credit, a factoring agreement, or similar types of business credit in this application, and if your application for business credit is denied. You have the right to a written statement of the specific reasons for the denial. To obtain the statement please contact

First Priority Bank Attn: April McClure P.O. Box 218 Pryor, OK 74362 or Ph: 918.825.2121 within 60 days from the date you are notified of our decision. We will send you a written statement of reasons for the denial within 30 days of receiving your request for the statement.

Notice: The federal ECOA prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status, age (providing the applicant has the capacity to enter into a binding contract) because all or a part of the applicants' income derives from any public assistance program, or because 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: Federal Reserve Consumer Help Center P.O Box 1200 Minneapolis, Minnesota 55480