

**Summit Aviation, Inc.
Personal Credit Application**

Forward to Summit Aviation, Inc. - P.O. Box 258 - Middletown, DE 19709 - Fax 302-378-7035

Applicant Information

| | | |
|------------------------------|--------------------------|-----------|
| Name: | | |
| Date of birth: | SSN: | Phone: |
| Current address: | | |
| City: | State: | ZIP Code: |
| Own Rent (Please circle) | Monthly payment or rent: | How long? |
| Previous address: | | |
| City: | State: | ZIP Code: |
| Owned Rented (Please circle) | Monthly payment or rent: | How long? |

Employment Information

| | | |
|---|-------------------------------|----------------|
| Current employer: | | |
| Employer address: | How long? | |
| Phone: | E-mail: | Fax: |
| City: | State: | ZIP Code: |
| Position: | Hourly Salary (Please circle) | Annual income: |
| Previous employer: | | |
| Address: | How long? | |
| Phone: | E-mail: | Fax: |
| City: | State: | ZIP Code: |
| Position: | Hourly Salary (Please circle) | Annual income: |
| Name of a relative not residing with you: | | |
| Address: | Phone: | |
| City: | State: | ZIP Code: |
| Relationship: | | |

Co-Applicant Information, if for a joint account

| | | |
|------------------------------|--------------------------|-----------|
| Name: | | |
| Date of birth: | SSN: | Phone: |
| Current address: | | |
| City: | State: | ZIP Code: |
| Own Rent (Please circle) | Monthly payment or rent: | How long? |
| Previous address: | | |
| City: | State: | ZIP Code: |
| Owned Rented (Please circle) | Monthly payment or rent: | How long? |

Employment Information

| | | |
|--------------------|-------------------------------|----------------|
| Current employer: | | |
| Employer address: | How long? | |
| Phone: | E-mail: | Fax: |
| City: | State: | ZIP Code: |
| Position: | Hourly Salary (Please circle) | Annual income: |
| Previous employer: | | |
| Address: | | |
| Phone: | E-mail: | Fax: |
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| | | |
|-----------|-------------------------------------|----------------|
| Position: | Hourly Salary (Please circle) | Annual income: |
|-----------|-------------------------------------|----------------|

Application Information Continued

| | | |
|---|--------|-----------|
| Name of a relative not residing with you: | | |
| Address: | | Phone: |
| City: | State: | ZIP Code: |
| Relationship: | | |

Credit Cards

| Name | Account no. | Current balance | Monthly payment |
|------|-------------|-----------------|-----------------|
| | | | |
| | | | |
| | | | |

Mortgage Company

| | |
|--------------|----------|
| Account no.: | Address: |
|--------------|----------|

Auto Loans

| Auto loans | Account no. | Balance | Monthly payment |
|------------|-------------|---------|-----------------|
| | | | |
| | | | |
| | | | |

Other Loans, Debts, or Obligations

| Description | Account no. | Amount |
|-------------|-------------|--------|
| | | |
| | | |
| | | |

Other Assets or Sources of Income

| Description | Amount per month or value |
|-------------|---------------------------|
| | |
| | |
| | |

I authorize Summit Aviation, Inc. to verify the information provided on this form as to my credit and employment history.

| | |
|---|------|
| Signature of applicant | Date |
| Signature of co-applicant, if for joint account | Date |

Agreement

1. All invoices are to be paid 30 (thirty) days from the date of invoice.
2. Claims arising from the invoices must be made within 7 (seven) working days.
3. By submitting this application, you authorize Summit Aviation, Inc. to make inquiries into the banking and business/trade references that you have supplied.

Signatures

| Printed Name | Signature & Date |
|--------------|------------------|
| | |
| | |