



9224 W. Raintree Dr. • Columbus, IN 47201 • (800)342-9589 • Fax (812)341-9001

Aircraft Acquisition Questionnaire

Aircraft Ownership Entity Name: _____

Owner's Name: _____ E-mail: _____

Phone: _____ Fax: _____ Cell Phone: _____

Primary business entity that will utilize the aircraft: _____

Business address to be used on documents: _____

Owner's Home Address: _____

Home Phone: _____ Social Security Number: _____

Date of Birth: _____ Drivers License Number & State: _____

U.S. Citizen: _____ Permanent Resident _____ Other (please explain) _____

Year, Make, Model: _____ Circle one: **NEW USED DEMO**

N Number: _____ Serial Number: _____

Purchase Price: _____ Anticipated Closing Date: _____

Gross Take-Off Weight: _____ County of Base Airport: _____

Base Airport Name (Identifier): _____ (_____)

Seller's Name: _____

Seller's Address: _____

Financing: YES NO If yes, please list finance company name, contact person, phone number,
& email address: _____

Do you have business interests outside of your home state? YES NO

If yes, please identify, describe: _____

Referred to ATC by: _____