



4020 W. Goeller Blvd. Ste B • 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: _____ **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: _____