

SCHEDULED - EXHIBIT B
AIRFRAME and ENGINE DATA, FEES, AND AUTHORIZED CONTACTS
(please fill out all highlighted fields)

Aircraft Make & Model: _____

Engine Make & Model: _____

Aircraft Manufacture Date: _____ **Aircraft Registration No:** _____

Serial Number	Hours When Delivered	Current Hours
Airframe #:		
Engine #1:		
Engine #2:		

MINIMUM OPERATING HOURS

Minimum Operating Hours Per Airframe / Per Agreement Year: _____

* * * * * **AREA BELOW FOR PISTON POWER USE ONLY** * * * * *

Original Enrollment Date: _____ Agreement Effective Date: _____

Airframe Warranty Expiration: Engine #1 Warranty Expiration: Engine #2 Warranty Expiration:

Term: ___ Years ___ Hours___ Term: ___ Years ___ Hours___ Term: ___ Years ___ Hours___

Is the Client tax-exempt? _____(If yes, please attach written evidence of tax-exempt status.)

Governing Airworthiness Authority: _____

FEE SCHEDULE All fees in US Dollars

Hourly Rate Per Airframe and Engine : _____(Due and payable monthly in advance)

Buy-In: _____

Enrollment Fee: _____

Minimum Annual Operating Hours X Hourly Rate ÷ 12 DUE MONTHLY, in advance: _____

Unscheduled Portion of the Hourly Rate: _____

Administrative Fee: _____

Subsequent Transfer Fee: _____ (Due and payable only upon the transfer of this Agreement)

SCHEDULE - EXHIBIT B-1 CONTACT INFORMATION

(please fill out all highlighted fields)

Agreement Number: _____

CLIENT Name: _____ Contact: _____ Title: _____ Address: _____ _____ Telephone: _____ Fax: _____ E-Mail: _____	REGISTERED OWNER Name: _____ Contact: _____ Job Title: _____ Address: _____ _____ Telephone: _____ Fax: _____ E-Mail: _____
OPERATOR Name: _____ Contact: _____ Job Title: _____ Address: _____ _____ Telephone: _____ Fax: _____ E-Mail: _____	MAINTENANCE CONTACT Name: _____ Contact: _____ Job Title: _____ Address: _____ _____ Telephone: _____ Fax: _____ E-Mail: _____

SCHEDULED EXHIBIT B-2

CONTACT INFORMATION

(please fill out all highlighted fields)

ACCOUNTS PAYABLE CONTACT Name: _____ Contact: _____ Job Title: _____ Address: _____ _____ Telephone: _____ Fax: _____ E-Mail: _____	BILLING Name: _____ Contact: _____ Job Title: _____ Address: _____ _____ Telephone: _____ Fax: _____ E-Mail: _____
INSURANCE CARRIER Name: _____ Policy No.: _____ Contact: _____ Address: _____ _____ Telephone: _____ Fax: _____ E-Mail: _____	INSURANCE BROKER Agent: _____ Contact: _____ Address: _____ _____ Telephone: _____ Fax: _____ E-Mail: _____