



LEASE QUESTIONNAIRE

NAME OF COMPANY:
ADDRESS:
WHEN WOULD THE PROPOSED LEASE COMMENCE:
AIRCRAFT TYPE:
ENGINE TYPE:
AGE:
NUMBER OF AIRCRAFT REQUIRED TO COMMENCE OPERATION:
TYPE OF LEASE REQUIRED:
DURATION OF LEASE:
GUARANTEED MONTHLY AIRCRAFT UTILIZATION IN HOURS:
MONTHLY AIRCRAFT CYCLES:
CYCLE RATIO:
WHERE WILL AIRCRAFT BE BASED:
ROUTES:
CABIN CONFIGURATION REQUEST:
IS THIS A "START-UP" CARRIER? Yes: <input type="checkbox"/> No: <input type="checkbox"/>
DO YOU HAVE OWN AOC NO:
IF EXISTING CARRIER – AOC NO.
TYPE OF AIRCRAFT LISTED ON AOC:
DESCRIBE OPERATIONS SUPPORT STRUCTURES IN PLACE:
MAINTENANCE SUPPORT STRUCTURES Please provide details (as available).
CREW TRAINING AND EXPERIENCE Please provide details (as available).
PHONE NO:
EMAIL:
WEBSITE:
ESCROW Co.
HAVE FUNDS BEEN BUDGETED AND ALLOCATED FOR THIS PROJECT? Yes: <input type="checkbox"/> No: <input type="checkbox"/>
ARE YOU ABLE TO PROVIDE PROOF OF FUNDS FOR THIS PROJECT? Yes: <input type="checkbox"/> No: <input type="checkbox"/>
REFERENCES OF FINANCIERS BACKING THIS PROJECT (STARTUPS ONLY) + BUSINESS PLAN COPY REQUIRED. WILL PROVIDE BY:
NAME OF PERSON SIGNING LEASE CONTRACT:
TITLE:
Phone: _____ Email: _____ Website: _____

Signature: _____ Company Seal:

Date: _____

PROSPECT CLIENT QUESTIONNAIRE