

LESSEE

Company Name: _____
 Company Address: _____
 Type of Company/Business: _____
 Phone #: _____ Fax #: _____ City: _____
 Website: _____ Email: _____

PERSONAL (Contact Person Info)

Name: _____ Address: _____
 Position within company: _____
 Phone #: _____ Fax #: _____ City: _____
 Email: _____

LESSEE DATA

What do you want to lease: _____ Ever leased before: YES NO
 Expected duration of lease: _____
 Preferred installment: Monthly Quarterly
 Annual turnover: _____

**Please attach a copy of company CR and Tax Card with application.*

SUPPLIER INFO *Has Supplier been contacted by your company YES NO

Expected supplier: _____ Address: _____
 City: _____ Telephone: _____
 Fax: _____ Website / Email: _____
 Asset description: _____

**Please attach a copy of the Supplier offer.*

Name	Disclaimer	Signature
	<p>I the undersigned hereby confirm that all the above information is true, correct and complete.</p>	

**Please fax or mail the Lease application and all required attachments to CorpLease fax # 202 3762 6740, email info@corplease.com.eg*

- Lease applications require - **1 working week** - processing prior to reply.
- Following your application submission, a member of our Marketing Department will return with feedback regarding your request and a set date for an introductory meeting.
- For further assistance or in the case of no immediate feedback please contact our Call Center: **19490**