



CONTAINERS
Six Sides. Countless Solutions.

AZ CONTAINER LOAN APPLICATION

APPLICANT INFORMATION

First Name		Middle Init.	Last Name																		
First Name		Middle Init.	Last Name																		
Home Address			City		State	Zip		Telephone Number													
Hm. Phone			DOB (MM/DD/YY)		Social Security Number				Mortgage/Rent Payment												
Prev. Address (less than 3 years.)			City		State	Zip		How long?		Yrs.		Mos.									
Current Employer			Position or Title		Mo. Gross Salary/Wages																
Employer's Address			City		State	Zip		How long?		Yrs.		Mos.									
Previous Employer (w/in last 5 years)			Position or Title																		
Previous Employer's Address			City		State	Zip		Telephone Number													

CERTIFICATION AND AUTHORIZATION

By signing below, you certify that all of the information provided in this application (and all information given in connection with this Application) is complete, correct and is provided to AZ Container to obtain the credit and account history of any applicant or co-applicant/spouse.

App. Sign.		Date		Co- Applicant		Date	

**Please FAX application to 602-237-0237 or
Mail to: AZ Containers, Inc. 2303 N. 44th Street #14, PMB 1483, Phoenix, AZ 85008**