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						Mortage/Rent Payment				
					How long?	Yrs.		Mos.					
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				Telephone Number					
					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