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REQUEST FOR CREDIT REPORT

LAST NAME: _____ FIRST NAME: _____ MI: _____

SPOUSE NAME: _____ JR., SR., I, II, III: _____

CURRENT ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PREVIOUS ADDRESS:
(IF LESS THAN 2 YRS) _____

CITY: _____ STATE: _____ ZIP: _____

PRIMARY INFORMATION:

SPOUSE INFORMATION:

SS# _____

SS# _____

DATE OF BIRTH: _____

DATE OF BIRTH: _____

DRIVER'S LIC# _____ ST: _____

DRIVER'S LIC# _____ ST: _____

Please sign to request credit report for leasing consideration:

Primary: _____ Date: _____

Spouse: _____ Date: _____