



DONALDSON
FINANCIAL
GROUP

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Phone: 678.410.3553

Confidential UBLOC Application

II. SECOND APPLICANT

First Name: _____ Middle Name: _____ Last Name: _____

Primary Address: _____

City: _____ State: _____ Zip: _____

Mailing Address: _____ (If different from above)

City: _____ State: _____ Zip: _____

Years at Address: _____ (primary address)

Home Phone: _____

Mobile Phone: _____

Fax: _____

Email: _____ Pet Name: _____

Date of Birth: ____/____/____ [mm/dd/yyyy] S.S #: ____ - ____ - ____

Mother's Maiden Name: _____ Birth City: _____

Spouse Full Name: _____ Date of Birth: ____/____/____ (If applicable)

Are you or a family member an active/retired US Military? yes no

Drivers License #: _____ State Issued: _____

Date Issued: ____/____/____ Expiration: ____/____/____

Reference Contact:

<u>Reference Name</u>	<u>Relationship</u>	<u>Company</u>	<u>Contact Number</u>

FOR OFFICIAL USE ONLY

ASR/AE CODE | | <QUAL> <Non-QUAL> ;



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III. BANK INFORMATION

First Applicant:

Personal Bank: _____

Average Savings Balance: \$ _____

Average Checking Balance: \$ _____

Business Bank: _____

Average Checking Balance: \$ _____

Mortgage Bank: _____

Years Open: _____

Monthly Housing Payment:

\$ _____ Mortgage Rent

Investment Accounts: Stocks Bonds IRA
401K Investment Properties / \$ _____

Have you ever filed for credit repair? yes no

Have you ever filed for bankruptcy? yes no

If yes, when and which banks were involved:

Second Applicant:

Personal Bank: _____

Average Savings Balance: \$ _____

Average Checking Balance: \$ _____

Business Bank: _____

Average Checking Balance: \$ _____

Mortgage Bank: _____

Years Open: _____

Monthly Housing Payment:

\$ _____ Mortgage Rent

Investment Accounts: Stocks Bonds IRA
401K Investment Properties / \$ _____

Have you ever filed for credit repair? yes no

Have you ever filed for bankruptcy? yes no

If yes, when and which banks were involved:

[Credit Check Total Login \(www.CreditCheckTotal.com\)](http://www.CreditCheckTotal.com) - \$1 will begin your trial membership in CreditCheck® Total. If you do not cancel your membership within the 7-day trial period*, you will be billed \$29.95 for each month that you continue your membership. You may cancel your trial membership anytime within the trial period without charge. NOTE: Donaldson Financial Group & Blue Clover Financial and its underwriting partners will require that you keep an active CreditCheck® Total through the duration of our process.

User Name: _____ (first applicant)

User Name: _____ (second applicant)

Password: _____ (case sensitive)

Password: _____ (case sensitive)



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IV. BUSINESS INFORMATION

Legal Entity Name: _____ D.B.A. _____

Type of Industry: _____

Entity form: LLC Corp. S-Corp. Sole Prop.

Professional Title: President VP Treasurer COO CEO CFO GM

Projected Income / Sales: 100K-150K 151K-200K 201K-500K 501K-1M 1M+ Annual

Physical Address: _____

City: _____ State: _____ Zip: _____

Mailing Address: _____ (If different from above)

City: _____ State: _____ Zip: _____

Business Phone: _____ Fax: _____

EIN #: _____

Years in Profession: _____ Number of Employees: _____

Open Business Credit Cards:

<u>Bank</u>	<u>Balance</u>	<u>Limit</u>	<u>Year Open</u>

Amount of Funding Needed: \$ _____

Please briefly explain how you plan on using your funding for your business:

I hereby certify that the information contained herein is complete and accurate. By submitting my credit report and signing this form I am giving consent for Donaldson Financial Group & Blue Clover Financial (ALR Consulting, LLC) and/or its underwriting partners in to utilize my personal information for the purpose of credit consulting with the understanding that it is to be used to determine the amount and conditions of the credit to be extended.

Signature: _____

Signature: _____

Name: _____

Name: _____

Date: _____

Date: _____