

DBA Name		Tsuri		Le	gal Name	Tsurisushi.com		
Type of Business		Restaurant		Ta	ax ID	473609766		Corp
Full Business Addre	ess.	7015 Melros	se ave					
Full Billing Address								
Phone at Location		(323) 935-1517		!	Best Phone	Fax		
Business Email					Website			
Years In Business		18mo	Average	Ticket		Gross Annual Sa	les <u>1,200</u>	,000.00
Do you currently h	ave cash	advance?	No	With who? _			Balance _	
Current Credit Card Processor		or			Average	Processing Volum	ne	
Last Month Vol.		#	of Tickets		2nd Month Vol.		#of Tickets	<u> </u>
3rd Month Vol.		#	of Tickets		4th Month Vol.		#of Tickets	<u> </u>
Owner #1 Name	Duck kwo	on		Title	Presidents	5		
Date of Birth	120856			SSN	618-66-80	31		
Full Home Address	5361 bar	rett cir						
Home Phone	(909) 991	L-6333	Cell Phone		Email	Min2ah@	hotmail.com	
Own/Rent	\$ <u>0 Own</u>	1	Years There	4yrs D	rivers Lience # B	4916371	State C	California
Owner #2 Name				Title				
Date of Birth				SSN				
Full Home Address								
Home Phone			Cell Phone		Email			
Own/Rent	\$		Years There	D	rivers Lience #		_State	
Business Home Bas	sed?	No Lo	cation: Lease/O	wn <u>Leased</u>	Lease Terr	m	Monthly Re	ent
Landlord / Mortgage Co.					Conta	act		
Contact Phone	_			Cell		Email		
Bank Name/Branch	Bank of	hope	Conta	ct Oylmpic		Phone		
Trade Reference#1	Mutual	trading	 Conta	ct		— — Phone		
Trade Reference#2	Ocean o	group	 Conta	ct		Phone		
Trade Reference#3	Harbor		Conta	ct		Phone		
I hereby represent that all	the above in	formation is true	and understand tha	t making false sta	tements might be con	sidered fraud. By provi	ding the above inf	ormation, the applicant(s)

I hereby represent that all the above information is true and understand that making false statements might be considered fraud. By providing the above information, the applicant(s) authorize you to whom this application is made or your agents to investigate my/our financial responsibility and credit worthiness, specifically principal and corporate entities, and will provide financial statements, tax returns, etc. as you deem necessary. A photocopy of this authorization will be deemed as acceptable for release of credit information. I/We authorize Money Works Direct, Inc. to receive pertinet information regarding the commercial lease for the above referenced location from my leasing company and or agent. I/We authorize you to update my/our credit profile from time to time in the future, as you deem appropriate. By signing below, each of the aboe listed business and business ownet/officer (individually and collectiverly, "you") authorize Money Works Direct and each of its representatives, successors, assigns and designees ("Recipients") that may be involved with or acquire commercial loans having daily repayment features or purchases of future receivables including Merchant Cash Advance transcation, including without limitation the application therefor (collectively, "Transcation") to obtain consumer or personal, business and investigative reports and other information about you, including credit card processor statements and bank statements, from one or more consumer reporting agencies, such as TransUnion, Experian and Equifax, and from other credit bureaus, banks, creditors and other third parties. You also authorize Money Works Direct to transmit this application form, along with any of the foregoing information obtained in connection with this application, to any or all of the Recipients for the foregoing purposes. You also consent to the release, by any creditor or financial institution, of any information relating to any of you, to Money Works Direct and to each of the Recipients, on its own behalf.

Signature#1	Printed Name	Duck Kwon	Date	03/09/2017