

DBA Name		The Eleph	ant Shack	Le	egal Name	The Elephant Sha	ck	
Type of Business		Thai Food		Tax ID		81-1020541		Corp
Full Business Addre	:SS	58-121 kau	nala st, haleiwa ha	 waii 96712				
Full Billing Address								
Phone at Location		(808) 674-7436		Best Phone			Fax	
Business Email					Website	808elephant.com		
Years In Business		7	Average Ti	cket		Gross Annual Sale	s <u>1,200,000.00</u>	
Do you currently h	ave cash	advance?	No	With who? _			Balance	
Current Credit Card Processor				Average	Processing Volume			
Last Month Vol.		#	of Tickets		2nd Month Vol.		#of Tickets	
3rd Month Vol.		#	of Tickets		4th Month Vol.		#of Tickets	
Owner #1 Name	Kevin Su			Title –				
Date of Birth	1703197			SSN -	172-62-29	47		
Full Home Address		aunala st						
Home Phone	(808) 674	4-7436	Cell Phone		Email	kevineshack	(@yahoo.com	
Own/Rent	\$ <u>0 Owr</u>	1	Years There	D	rivers Lience #	St	tate	
Owner #2 Name				Title -				
Date of Birth				SSN -				
Full Home Address								
Home Phone			Cell Phone		Email			
Own/Rent	\$		Years There	D	rivers Lience #	St	tate	
Business Home Bas	sed?	No Lo	ocation: Lease/Owr	n <u>Leased</u>	Lease Terr	n	Monthly Rent	_
Landlord / Mortgag	e Co. <u>A</u>	lexander an	d Baldwin		Conta	oct		
Contact Phone			Ce	·II		Email	-	
Bank Name/Branch	Bank of	Hawaii	Contact	Joni Pup	u	Phone		
Trade Reference#1			 Contact			Phone		
Trade Reference#2			 Contact			 Phone		
Trade Reference#3			Contact			Phone		
I hereby represent that all	the above in	formation is tru	e and understand that n	naking false sta	tements might be con-	sidered fraud. By providin	g the above information. t	he 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	Kevin Sutavee	Date	06/10/2019