



APPLICATION FORM

CABJOIN FINANCE
Cabinetry & Joinery Equipment Finance

Applicant Name: _____

Contact Name: _____ Telephone: _____

Address: _____

ACN/ABN: _____ Banker's Name: _____

Nature of Business: _____ Year Established: _____

Accountant Name: _____

Accountant Contact: _____ Telephone: _____

DETAILS OF INDIVIDUAL / PARTNER / DIRECTOR / GUARANTOR:

Full Name: _____

License No: _____ Expiry: ____ / ____ D.O.B: ____ / ____

Home Address: _____

Full Name: _____

License No: _____ Expiry: ____ / ____ D.O.B: ____ / ____

Home Address: _____

Full Name: _____

License No: _____ Expiry: ____ / ____ D.O.B: ____ / ____

Home Address: _____

TRADE/CREDIT REFERENCES:

1. Business Name: _____ Telephone: _____

2. Business Name: _____ Telephone: _____

3. Business Name: _____ Telephone: _____

SUPPLIER DETAILS

Supplier Contact: _____ Telephone: _____

Description of Goods: _____

Cost of Goods: _____ Does this amount include GST? Yes No

Term (months): _____ Res. Value (%): _____

📞 0456 793 100

✉️ info@cabjoinfinance.com.au

🌐 www.cabjoinfinance.com.au