



# T.M.COBB

DOORS   ☐   WINDOWS   ☐   MILLWORK

*Quality Craftsmanship Since 1935*

To Whom This May Concern:

Thank you for your interest in becoming a dealer for T.M. Cobb. Your business is very important to us, and customer service is of the highest priority for us. Please understand that this process takes about 3 to 4 weeks to have a final answer. The steps in this process are outlined below. Please take a few minutes to go over them, and know that at any time during this process you can reach out to your contact for an update on where you are in the process.

- 1) Initial phone interview conducted to learn who you are and what your business is about.
- 2) Request to be Established form is sent to you via email to be filled out. Upon completion, this form will be returned to TM Cobb for review by Sales Management.
- 3) An Interview will be scheduled by the salesperson responsible for your area.
- 4) Credit application and Resale certificate sent to you via email to be completely filled out and sent back. These forms must be filled out completely and signed by the owner or a company executive.
- 5) All forms will be reviewed by our management team and a decision will be communicated within 5-7 working days.

Please note, every step in this process is contingent on the step before and relies on the information being complete.

Email Completed Form to:

Jossely Gomez

[Josselyg@tmcobb.com](mailto:Josselyg@tmcobb.com)

Subject: Request to Be TM Cobb Dealer

Thank you.

T.M. Cobb Co.

CORPORATE OFFICE: 500 PALMYRITA AVE., RIVERSIDE, CA 92507 951/248-2440 FAX: 951/248-2488 [www.tmcobb.com](http://www.tmcobb.com)

OFFICES: RIVERSIDE, OXNARD, SACRAMENTO

MANUFACTURING PLANTS: STOCKTON, RIVERSIDE, SAN BERNARDINO



# Request To Be Established As A T.M. Cobb Dealer

Business Name \_\_\_\_\_ Date \_\_\_\_\_

Phone # \_\_\_\_\_ Fax # \_\_\_\_\_ Contact Name \_\_\_\_\_

Contact Email \_\_\_\_\_ Email for Specials/Promotions \_\_\_\_\_

Request Order Acknowledgements Via: Email \_\_\_\_\_ Fax \_\_\_\_\_

**Billing Address****Shipping Address**\_\_\_\_\_  
\_\_\_\_\_\_\_\_\_\_  
\_\_\_\_\_Type of Business: ☐ Individual ☐ Corporation ☐ Partnership      Resale Number: \_\_\_\_\_  
(Include Resale Card)

Principals Names \_\_\_\_\_

Annual Sales = \$ \_\_\_\_\_ Estimated Monthly Purchases From Cobb \$ \_\_\_\_\_

Date Business Established \_\_\_\_\_ Number of Employee's \_\_\_\_\_

Square Feet Occupied \_\_\_\_\_ ☐ Rent ☐ Own      Showroom ☐ Yes ☐ No

To better understand your business, please note which description listed below best describes your organization:

Manufacturing ☐ Retail ☐ Export ☐ Tenant Improvements ☐ Contractor Sales ☐

Brand Name Products Purchased:

Moulding _____	Vendor _____	Current Monthly Purchases \$ _____
Windows _____	Vendor _____	Current Monthly Purchases \$ _____
Doors _____	Vendor _____	Current Monthly Purchases \$ _____
Hardware _____	Vendor _____	Current Monthly Purchases \$ _____
_____	_____	Current Monthly Purchases \$ _____

Type of Account Terms Requested: Open ☐ C.O.D. ☐Delivery ☐ or I wish to Will Call ☐**PLEASE RETURN THIS FORM TO:**

☐ T.M. COBB COMPANY  
ATTN: *Jossely Gomez*  
500 PALMYRITA AVE  
RIVERSIDE, CA 92507  
FAX # (800)464-0259

**T.M. COBB USE ONLY**

## SALES DEPARTMENT

## CREDIT DEPARTMENT

S.M.A. \_\_\_\_\_  
S.T. \_\_\_\_\_  
P.F.L. \_\_\_\_\_  
S.B. \_\_\_\_\_  
T.R. \_\_\_\_\_  
DATE \_\_\_\_\_

STATUS \_\_\_\_\_  
LT. \_\_\_\_\_  
OTHER \_\_\_\_\_  
DATE \_\_\_\_\_

Delivery Days: T W TH F