



R.S. Means Reseller Program

RSMMeans

PARTICIPATION FORM

**We wish to participate in the R.S. Means Reseller Discount Program.
Please assign a Participation Code for the following organization:**

ORGANIZATION: _____

Address: _____

City: _____ State/Province: _____

Zip/Postal Code: _____ Phone #: _____

Fax #: _____ E-Mail: _____

Authorized by: _____ Date: _____

Please fax to: (210) 653-3912