



Rain Bird® Agency Rewards

Points Redemption Form

Please print clearly and provide full information to ensure a fast response.

Name: _____ Member ID#: _____

Agency Name: _____

Business Address: _____

City: _____ State/Province _____

Zip/Postal Code: _____ Country: _____

Business Phone: _____ E-Mail Address: _____

I would like to receive Distributor Credits for our points.

You must provide the following information:

Distributor Name: _____

Distributor Address: _____

City / State / Zip Code: _____

Distributor Account #: _____

Number of Agency Rewards Points to Redeem: _____

Name and Signature of Authorized Company Representative

Date

Please click on the submit button to email this request

Rain Bird Agency Rewards Program Office

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Fax: (800) 862-4927

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