# **OPERATORS SAVE UP TO \$250** on new superior smokehouse smoked sausage january 15 through july 15, 2024



Terms and Conditions: Offer limited to foodservice operators only. Chain operators must participate as single units. Contracted chain and bid accounts cannot participate. This coupon may be redeemed for a minimum of \$20 up to \$250 per individual foodservice operator. Submit this rebate with copies of distributor invoices or distributor printouts verifying valid products were purchased between January 15-July 15, 2024. DISTRIBUTOR PRINTOUTS OR NINTOLES MUST INCLUDE THE FOLLOWING OPERATOR INFORMATIONE. Operator Name, Product Purchased, Number and Devicial Address.

Name, Product Purchaed, Number of Cases: Purchaed, Date the Product was Purchaed, Invoice Number and Physical Address. Operators must fill out rebate coupon themselves. Distributor tracking reports do not qualify. Bulk redemptions by distributors and/or DSk are not alloved. Request must be postmarked no later than August 15, 2024. Offer not redeemable in conjunction with any other offer. Operators may submit more than once until the maximum dollar amount is met; however, the initial submission must meet the minimum requirement of \$20. Allow 10-12 weeks for delivery. Incomplete or incorrect submissions will delay payment. Void where restricted, prohibited or banned.

## INSTRUCTIONS FOR SUBMITTING THIS REBATE:

| I | Use the grids on the front and back of this page to indicate the number of cases of each product code purchased during the eligible period.         |  |  |  |
|---|---|--|--|--|
| 2 | Put the total number of cases purchased in the boxes below.   |  |  |  |
| 3 | Put the total \$ amount of the requested rebate in the boxes below.   |  |  |  |
| 4 | Complete the contact info (below) and segment info (right) and mail the form, along with required printout/invoice copies, to the address at right. |  |  |  |

## MAXIMUM PAYOUT IS \$250 / MINIMUM PAYOUT IS \$20

# of \$5 CS:

X \$5.00/CS: = Total \$:

# CHECK WILL BE MAILED TO THE ADDRESS SHOWN BELOW (PLEASE PRINT) OPERATION NAME: CONTACT NAME: E-MAIL ADDRESS: COPERATION ADDRESS: OPERATION ADDRESS: STATE: ZIP: CITY: STATE: ZIP: TELEPHONE NUMBER: FAX NUMBER: DSR NAME:

PLEASE MAIL THIS COUPON WITH COPIES OF DISTRIBUTOR INVOICES TO:

SMITHFIELD CULINARY SUPERIOR SMOKED SAUSAGE COUPON REDEMPTION PO BOX 552 TRAVERSE CITY, MI 49685

REBATE QUESTIONS? CALL 1-877-570-5504

### NOW SUBMIT YOUR REBATES ONLINE AT WWW.RAPIDREBATE.NET

**Smithfield** 

5MOKE

## COUPON CODE: SSS240PR

PLEASE CHECK THE MARKET SEGMENT YOUR OPERATION/TYPE OF RESTAURANT BELONGS IN: Are you a new Smithfield Culinary customer or a current Smithfield Culinary customer COMMERCIAL NON-COMMERCIAL

|                                 | Full Service<br>Casual Theme<br>Family<br>Upscale/Fine Dining<br>C-Store<br>Hotel/Motel/Resort |           | College/University<br>Elementary/Secondary School<br>Business & Industry<br>Recreational/Entertainment<br>Transportation Foodservice<br>Military/Correctional |  |
|---------------------------------|--|-----------|---|--|
| OWNERSHIP                       |  | OWNERSHIP |   |  |
|                                 | Independent<br>Local/Regional Chain<br>National Chain  |           | Contract Management<br>Self-Operated  |  |
| Number of meals served per day: |  |           |   |  |
|                                 | Breakfast  | Lunch     | Dinner  |  |

Approximate dollar volume annual food/beverage purchases:\_\_\_

YOU CAN ALSO SUBMIT OFFER FORM AND COPIES OF INVOICES ONLINE AT WWW.RAPIDREBATE.NET FOR MORE INFORMATION ON SMITHFIELD CULINARY PRODUCTS, PROMOTIONS, RECIPES OR MARKETING MATERIALS,

CONTACT YOUR SMITHFIELD CULINARY REPRESENTATIVE/BROKER OR CALL I-888-327-6526 WWW.SMITHFIELDCULINARY.COM