







ITEM CODE	PRODUCT DESCRIPTION	\$/CS	CASES	TOTAL
90070247128600	SMITHFIELD BONELESS ROUND HAM, SILVER MEDAL, WATER ADDED, 2/13 LB, RANDOM WEIGHT	\$2.00	,	
90070247195558	SMITHFIELD CARVEMASTER APPLEWOOD HAM WITH NATURAL JUICES, GOLD MEDAL, 2/7.65 LB, RANDOM WEIGHT	\$2.00	ار	
90070247128594	SMITHFIELD ORIGINAL PIT HAM, SILVER MEDAL, SMOKED, 2/14 LB, RANDOM WEIGHT	\$2.00	不	
90070247126415	SMITHFIELD HONEY & BROWN SUGAR PIT HAM, SILVER MEDAL, 2/16 LB, RANDOM WEIGHT	\$2.00		
90070247127535	SMITHFIELD PIT HAM, BRONZE MEDAL, HAM AND WATER PRODUCT, 2/15.65 LB, RANDOM WEIGHT	\$2.00		
90070247191727	SMITHFIELD HAM WITH NATURAL JUICES, GOLD MEDAL, BONELESS SMOKED, 2/9.2 LB, RANDOM WEIGHT	\$2.00		1.
90070247128419	SMITHFIELD BONELESS FLAT HAM, SILVER MEDAL, SMOKED, WATER ADDED, 2/10 LB, RANDOM WEIGHT	\$2.00		*

OPERATORS SAVE UP TO \$250!

REDEEM THIS REBATE IN 10 MINUTES OR LESS! SUBMIT ALL THE FORMS ONLINE VIA RAPIDREBATE.NET!



Log on to RapidRebate.net



STEP 2

Add product info & upload invoices



Smith/

INSTRUCTIONS FOR SUBMITTING THIS REBATE:

- 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.
- Put the total number of cases purchased in the box below.
- Put the total \$ amount of the requested rebate in the box below.
- 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 \$2 CS:	X \$2.00/CS:	= Total \$:
--------------	--------------	-------------

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 September 28—December 31, 2023. DISTRIBUTOR PRINTOUTS OR INVOICES MUST INCLUDE THE FOLLOWING OPERATOR RHFORMATION. OPERATOR RHFORMATION COPERATOR RHFORMATION COPERATOR SUBMIT OF THE PRODUCT PURCHAGE, Invoice Number and Physical Address. Operators must fill out rebate coupon themselves. Distributors tracking reports do not qualify. Bulk redemptions by distributors and/or DSRs are not allowed. Request must be postumated no later than February 10, 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. prohibited or banned.

PLEASE MAIL THIS COUPON WITH COPIES OF DISTRIBUTOR INVOICES TO:

SMITHFIELD CULINARY 2023 HOLIDAY HAM COUPON REDEMPTION PO BOX 552

TRAVERSE CITY, MI 49685

REBATE QUESTIONS? CALL 1-877-570-5504

College/University Elementary/Secondary School Business & Industry Recreational/Entertainment

Transportation Foodservice Military/Correctional

Contract Management Self-Operated

Dinner

COUPON CODE: HHOPR23

PLEASE CHECK THE MARKET SEGMENT YOUR OP BELONGS IN:	PERATION/TYPE OF RESTAURANT
Are you a new Smithfield Culinary customer	

NON-COMMERCIAL

COMMERCIAL

ruii	Service
0	Casual Theme
0	Family
0	Upscale/Fine Dinin

or a current Smithfield Culinary customer

C-Store Hotel/Motel/Resort

OWNERSHIP

	Independent	
П	Local/Regional	Cha
П	National Chain	

Local/Regional Chain National Chain

	Lo Na	cal/ tion	Regi al C	onal Thain	Cha	ain	
M I		c					

Number	of	meals	served	per	day

Number	of	meals	serve	d	per	day

Breakfast	Lunch	
-		

Approximate dollar volume annual food/beverage purchases:_

CHECK WILL BE MAILED ID THE ADDRE	222 SHOMN REFORM (LIEUZE LI	(INI)
OPERATION NAME:	CONTACT NAME:	
E-MAIL ADDRESS:		
OPERATION ADDRESS:		
CITY:	STATE:	ZIP:
TELEPHONE NUMBER:	FAX NUMBER:	
DISTRIBUTOR:	DSR NAME:	