OPERATORS SAVE UP TO \$250

ON NEW SUPERIOR SMOKEHOUSE SMOKED SAUSAGE **JANUARY 15 THROUGH JULY 15. 2024**



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 boxes below.
- 3 Put the total \$ amount of the requested rebate in the boxes 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 \$5 CS: X \$5.00/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 invioces or distributor printouts verifying valid products were purchased between January 15—July 15, 2024. DISTRIBUTOR PRINTOUTS ON INVIOCES MUST INCLUDE THE FOLLOWING OPERATOR INFORMATION: Operator Name, Product vax Pirchased, Number of Cases Purchased, Date the Product vax Purchased. name, product was Purchased, number of Lases Furchased, used the Product was Purchased, Invoice Number and Physical Address. Operators must fill out rebate coupon themselves. Distributor tracking reports do not qualify. Bulk redemptions by distributors and/or DSRs are not allowed. 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 SDA Blues. 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.

Smithfield.

CHECK WILL BE MAILED TO THE ADDRESS SHOWN BELOW (PLEASE PRINT)			
OPERATION NAME:		CONTACT NAME:	
E-MAIL ADDRESS:			
OPERATION ADDRESS:			
CITY:		STATE:	ZIP:
TELEPHONE NUMBER:		FAX NUMBER:	
DISTRIBUTOR:		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 OUESTIONS? CALL 1-877-570-5504

Smithfield. 5MOKE



NOW SUBMIT YOUR

COUPON CODE: SSS240PR

PLEASE CHECK THE MARKET SEGMENT YOUR OPERATION/TYPE OF RESTAURANT

Are or a COM

you a new Smithfield Culinary custon current Smithfield Culinary customer	=
MERCIAL	NON-COMMERCIAL
Full Service Casual Theme	College/University Elementary/Secondary School

	\circ	Casual Them	e
	0	Family	
	0	Upscale/Fine	Dinin
	C-Store		
		Motel/Resort	
OWNE	RSHIP		
	Indone		

OWNE	RSHIP	
	Independent Local/Regional Chain National Chain	
Numb	or of mode corved nor	dave

Breakfast

7
ERSHIP
Contract Managemen Self-Operated

Business & Industry Recreational/Entertainment Transportation Foodservice

Dinner

Local/Regional Chain National Chain	Self-Operated
wher of mosts served per days	

Lunch

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