



OPERATOR REBATE

MAY 3–AUGUST 29, 2021

Save big on Margherita's authentic
Italian flavors for menu amore!



AUTHENTICITY
you'll celebrate.



OPERATOR REBATE

Featured Products

May 3—August 29, 2021



PEPPERONI

ITEM CODE	PRODUCT DESCRIPTION	\$/CS	CASES	TOTAL
20027815220106	MARGHERITA PEPPERONI, SLICED, 14-16 SLICES PER LB, 2/12.5 LB.	\$3.00		
20027815220144	MARGHERITA PEPPERONI, SLICED, 14-16 COUNT, 2/5 LB.	\$1.00		



DRY SAUSAGE

ITEM CODE	PRODUCT DESCRIPTION	\$/CS	CASES	TOTAL
20027815001613	MARGHERITA DRY SAUSAGE, CAPPICOLA, SLICED, 5/2 LB	\$2.00		
90038616376441	MARGHERITA DRY SAUSAGE, HOT CAPPICOLA, STICK, 2C, RANDOM WT	\$2.00		



Follow us on Instagram!
@SmithfieldCulinary

Smithfield Culinary Mobile App
Now Available! Download it today!



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



STEP 1

Log on to
RapidRebate.net



STEP 2

Add product info &
upload invoices



STEP 3

Submit & check
status

INSTRUCTIONS FOR SUBMITTING THIS REBATE:

1	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 box below.
3	Put the total \$ amount of the requested rebate in the box 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.

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 May 3–August 29, 2021. DISTRIBUTOR PRINTOUTS OR INVOICES MUST INCLUDE THE FOLLOWING OPERATOR INFORMATION: Operator Name, Product Purchased, Number of Cases Purchased, Date 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 October 9, 2021. 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.

PLEASE MAIL THIS COUPON WITH COPIES OF
DISTRIBUTOR INVOICES TO:

SMITHFIELD CULINARY
MARGHERITA COUPON REDEMPTION
PO BOX 552
TRAVERSE CITY, MI 49685

REBATE QUESTIONS? CALL 1-877-570-5504

Smithfield
CULINARY

NOW SUBMIT YOUR
REBATES ONLINE AT
WWW.RAPIDREBATE.NET

COUPON CODE: MARG21OPR

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

- Full Service
 Casual Theme
 Family
 Upscale/Fine Dining
 C-Store
 Hotel/Motel/Resort

NON-COMMERCIAL

- College/University
 Elementary/Secondary School
 Business & Industry
 Recreational/Entertainment
 Transportation Foodservice
 Military/Correctional

OWNERSHIP

- Independent
 Local/Regional Chain
 National Chain

OWNERSHIP

- Contract Management
 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 1-888-327-6526 WWW.SMITHFIELDCULINARY.COM/MARGHERITA

MAXIMUM PAYOUT IS \$250 / MINIMUM PAYOUT IS \$20		
# of \$1 CS:	X \$1.00/CS:	= Total \$:
# of \$2 CS:	X \$2.00/CS:	= Total \$:
# of \$3 CS:	X \$3.00/CS:	= Total \$:

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:	