DSRS EARN UP TO \$750

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.
- Put the total \$ amount of the requested rebate in the boxes below.
- Complete the contact info (below) and mail the form, along with required printout/invoice copies, to the address at right.

MAXIMUM PAYOUT IS \$750 / MINIMUM PAYOUT IS \$20

of \$5 CS: X \$5.00/CS: = Total \$:

Terms and Conditions:
Offer limited to verified sales to individual foodservice operators Offer limited to verified sales to individual foodservice operators (sales to contracted chain and bid accounts or redistributors do not qualify). Only individual DSRs are eligible, and only one offer per DSR will be honored. Please make requests for no less than \$20 and no more than the maximum payout of \$750 per DSR. Payouts will not be issued unless a completed W-9 is on file and payout will only be issued directly to the DSR. Request must be postmarked no later than August 15, 2024. Allow 10–12 weeks for delivery. This offer is good only on the products listed and is not valid in conjunction with any other Smithfield Culinary Rebate offer. Void where restricted, prohibited or banned.

IMPORTANT!

www.irs.gov/pub/irs-pdf/fw9.pdf you only have to complete and submit (to ngfs@smithfield.com) this form one time.



PLEASE ATTACH DISTRIBUTOR INVOICE COPIES OR INDIVIDUAL DSR PRINTOUTS, INCLUDING YOUR SALESPERSON NAME OR ID FOR PRODUCTS SOLD FROM JANUARY 15-JULY 15, 2024 TO THIS FORM AND SEND TO:

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

REBATE QUESTIONS? CALL 1-877-570-5504





COUPON CODE: SSS24DSR

CHECK WILL BE MAILED TO THE ADDRESS SHOWN BELOW (PLEASE PRINT)			
DISTRIBUTOR NAME:			
ISSUE CHECK TO (DSR NAME):			
E-MAIL ADDRESS:			
DSR'S HOME ADDRESS:			
CITY:	STATE:	ZIP:	
DSM:	DSR'S HOME TELEPHONE NUMBER:		

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.
- 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, humoer of Lases Purchased, 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.



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	0F	RESTAURAN
BELONG	is In:							

Are you a new Smithfield Culinary or a current Smithfield Culinary cus					
COMMERCIAL Full Service Casual Theme Family Upscale/Fine Dining C-Store Hotel/Motel/Resort	NON-C	COMMERCIAL College/University Elementary/Secondary Scho Business & Industry Recreational/Entercainment Transportation Foodservice Military/Correctional			
OWNERSHIP	OWNE	RSHIP			
Independent Local/Regional Chain National Chain		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 I-888-327-6526 WWW.SMITHFIELDCULINARY.COM