SMITHFIELD HOLIDAY HAM REBATE



OPERATOR



September 29 though December 28, 2025

ITEM CODE	PRODUCT DESCRIPTION	\$/CS	CASES	TOTAL
90070247128600	SMITHFIELD BONELESS ROUND HAM, SILVER MEDAL, WATER ADDED, 2/13 LB, RANDOM WEIGHT	\$5.00		
90070247195558	SMITHFIELD CARVEMASTER APPLEWOOD HAM WITH NATURAL JUICES, GOLD MEDAL, 2/7.65 LB, RANDOM WEIGHT	\$5.00		
90070247128594	SMITHFIELD ORIGINAL PIT HAM, SILVER MEDAL, SMOKED, 2/14 LB, RANDOM WEIGHT	\$5.00		
90070247127535	SMITHFIELD PIT HAM, BRONZE MEDAL, HAM AND WATER PRODUCT, 2/15.65 LB, RANDOM WEIGHT	\$5.00		

Operators save up to \$250!

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:

- 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.

Terms and Conditions:

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 Spetember 19—December 18, 2025. DISTRIBUTIOR PRINTOUTS OR INVOICES MUST INCLUDE THE FOLLOWING DEPARTOR INFORMATION: Operators. Name Perduct Burchard Number. OFERATOR 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 January 26, 2026. 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 HOLIDAY HAM 25 COUPON REDEMPTION PO BOX 552 TRAVERSE CITY, MI 49685

REBATE QUESTIONS? CALL 1-877-570-5504





Dinner

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

#of \$5 CS:	A &£ \\.(\.	= Total \$:
#0f 35 US:	X \$5/US:	= otal 5:

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:					

COUPON CODE: HH250PR

PLEASE CHECK THE MARKET SEGMENT YOUR OPERATION/TYPE OF RESTAURANT Are you a new Smithfield Culinary customer or a current Smithfield Culinary customer COMMERCIAL NON-COMMERCIAL Full Service College/University Casual Theme Family Elementary/Secondary School Business & Industry Recreational/Entertainment Upscale/Fine Dining C-Store Transportation Foodservice Hotel/Motel/Resort Military/Correctional OWNERSHIP Independent Local/Regional Chain National Chain Contract Management Self-Operated Number of meals served per day:

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 1-888-327-6526 WWW.SMITHFIELDCULINARY.COM