

save up to \$500
on Smithfield Fresh Pork Products

Smithfield
DURoC
PORK

Farmland
The Rib Company
...where great barbecue begins!

Farmland
CHOP SHOP
Pork Chops



**OPERATORS...
LIMITED TIME REBATE!**

 **CHICAGO
RESTAURANT
WEEK 2019**

Smithfield®

Celebrate Chicago Restaurant Week and Save Big Money!

Save \$4 to \$10 per case up to \$500 January 2 - February 28, 2019



DESCRIPTION	ITEM CODE	\$/CS	CASES	TOTAL \$
Smithfield DUroC Pork				
CENTER CUT RACK-OF-PORK, 10 RIBS, NON-FRENCHED, 3-1 PC	90070800212395	\$10.00	X	=
CENTER CUT RACK OF PORK, FRENCHED, 10 RIB, 3-1 PC	90070800217796	\$10.00	X	=
ST. LOUIS RIB, VP, 10-1 PC	90070800212449	\$10.00	X	=
SKINLESS BACK RIB, 2.25#, VP, 15-1 PC	90070800212463	\$10.00	X	=
SKINLESS PORK BELLY HALF, VP, 2-1 PC	90070800212357	\$10.00	X	=
Farmland Rib Company				
BKRIB,PK,LN,SK,RC,2.00/DN,IB,15PC,Z	90070247210039	\$4.00	X	=
BKRIB,PK,LN,RC,MEATY,SKLS,IB,12PC,Z	90070247169559	\$4.00	X	=
RIB,ST LOUIS,RC,2.25#,IB,14-1PC,Z	90070247148615	\$4.00	X	=
RIB,ST LOUIS,RC,2.5#,IB,12-1PC,Z	90070247210114	\$4.00	X	=
RIB,ST LOUIS,RC,2.75#,IB,11-1PC,Z	90070247201518	\$4.00	X	=
RIB,ST LOUIS,RC,3.25#,VP,4-3PC	90070247202478	\$4.00	X	=
Farmland Chop Shop				
CHOP,BI,CC,GM,4OZ,10#,Z	00070247141804	\$4.00	X	=
CHOP,BI,CC,GM,5OZ,10#,Z	00070247141811	\$4.00	X	=
CHOP,BI,CC,GM,6OZ,10#,Z	00070247144430	\$4.00	X	=
			TOTAL	



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 \$30 up to \$500 per individual foodservice operator. Submit this rebate with copies of distributor invoices or distributor printouts verifying valid products were purchased between January 2, 2019 - February 28, 2019. 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 April 13, 2019. 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 10 cases. 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 FOODSERVICE
CHICAGO RW COUPON REDEMPTION
PO BOX 552
TRAVERSE CITY, MI 49685

REBATE QUESTIONS? CALL 1-877-570-5504



NOW SUBMIT YOUR REBATES ONLINE AT WWW.RAPIDREBATE.NET

COUPON CODE: CHICAGORW19

PLEASE CHECK THE MARKET SEGMENT YOUR OPERATION/TYPE OF RESTAURANT BELONGS IN:

Are you a new Smithfield customer or a current Smithfield 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: _____

MAXIMUM PAYOUT IS \$500 / MINIMUM PAYOUT IS \$30		
Total # of \$10 CS:	X \$10.00/CS:	= Total \$:
Total # of \$4 CS:	X \$4.00/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:	

YOU CAN ALSO SUBMIT OFFER FORM AND COPIES OF INVOICES ONLINE AT WWW.RAPIDREBATE.NET
FOR MORE INFORMATION ON SMITHFIELD PRODUCTS, PROMOTIONS, RECIPES OR MARKETING MATERIALS,
CONTACT YOUR SMITHFIELD REPRESENTATIVE/BROKER OR CALL 1-888-327-6526 WWW.SMITHFIELDFOODSERVICE.COM