

BOLD TASTE.

**RANCH
STYLE**
BRAND

BIG REBATES!

Get \$3
per case
- up to

\$300

**when you purchase
Ranch Style Beans.**

**HERE'S HOW TO GET YOUR
OPERATOR SAVINGS:**

1 Purchase any of the qualifying products between June 1 and Aug. 31, 2019.

2 Complete the rebate form below and submit along with proof of purchase to the address indicated.

3 Receive the specified rebate per case on the products listed up to a total rebate amount of \$300. Minimum rebate offer is \$3.

4 All rebates must be postmarked by Sept. 30, 2019.

5 Your rebate check will arrive within 4-6 weeks of submission. For express 2-4 week processing, simply upload your distributor proof of purchase to fspromos4u.com/conagra, access code 3OFFBEANS.



| Product Code | Product Description | Pack Size | Per Case Rebate |
|--------------|-------------------------------|-----------|-----------------|
| 46900 00116 | Ranch Style Texas Style Beans | 6/108 oz. | \$3.00 |
| 46900 73178 | Ranch Style Black Beans | 6/108 oz. | \$3.00 |

REBATE SPECIFICATIONS

Chains must participate on an individual outlet basis. This offer cannot be combined with other rebates, allowances, contracted or bid business or used to redeem against other rebate offers. Offer invalid for resale, cash/carry and club stores. Cases redeemed against this offer may not be used to redeem against any other rebate offers. Partial cases not accepted. Rebates cannot be assigned or transferred. Offer valid for foodservice operators only; suppliers or distributors cannot redeem rebates for operators. We reserve the right to audit requests for payment and reserve the right to cancel this offer at any time. This rebate may be mechanically reproduced or photocopied but not altered from its original format. All rebates must be postmarked by Sept. 30, 2019. VOID IF RESTRICTED OR PROHIBITED BY LAW.

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Questions?

Call 800-357-6543.

REBATE OFFER

Total # of cases _____ x \$3.00 per case = _____
Total Amount Due = \$ _____
(Maximum Rebate \$300 - Minimum \$3)

Complete the requested information on this form and mail with a copy of your distributor invoice(s) to:

Operator Rebate
P.O. Box 2025 - FS-2381W
Brownsdale, MN 55918

Must be postmarked by Sept. 30, 2019.
Only one redemption per establishment.

My foodservice operation can best be described as:

- Casual Dining
- Family Dining
- QSR
- Recreation/Entertainment
- Convenience Store
- Business Dining
- College or University
- Vending/OCS
- Hospital
- Long-Term Care
- K-12 School
- Bar/Tavern
- Sandwich/Bakery Café
- Catering
- Other (specify) _____

Dayparts served (check all that apply):

- Breakfast
- Lunch
- Dinner
- Snacks/Takeout

Number of Units: _____

Seasonal Operation: Yes No Seasonal Period: _____

PLEASE PRINT LEGIBLY

Name of Establishment _____

Your Name _____

Street Address _____

City _____ State _____ ZIP _____

Business Phone () _____ Fax () _____

Email _____

By providing an email address, operator gives permission for us to send product and program information via email.

Primary Distributor _____ Distributor Rep Name _____

Primary Distributor City _____

Brokerage _____ Broker Rep Name _____

