

SAVE \$2 PER CASE

when you purchase

**ANDY CAPP'S®
RANCH FRIES**

between Apr. 15 and
Aug. 15, 2019.



Here's how to get your operator savings:

- 1 Purchase the qualifying product listed from your distributor between Apr. 15 and Aug. 15, 2019.
- 2 Complete the rebate form below and submit along with proof of purchase (only copies of distributor invoices are valid as POP) to the address indicated.
- 3 Receive the specified rebate per case on the product listed up to a total rebate amount of \$100. Limit one rebate redemption per operator. Minimum rebate offer is \$2.
- 4 All rebates must be postmarked by Sept. 15, 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 **2OffACRanch**.

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. 15, 2019. VOID IF RESTRICTED OR PROHIBITED BY LAW.

SKU NUMBER	PRODUCT DESCRIPTION	PACK SIZE	REBATE AMOUNT
26200 23188	ANDY CAPP'S RANCH FRIES	48/1.50 OZ	\$2.00

QUESTIONS? Call 800-357-6543.

REBATE OFFER

of cases _____ Total Rebate _____
 _____ X \$2.00 per case = _____
 (Maximum Rebate \$100 - Minimum \$2)

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 _____

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-2371W
 Brownsdale, MN 55918

*Must be postmarked by Sept. 15, 2019.
 Only one redemption per establishment.*

My foodservice operation can best be described as:

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

Dayparts served (check all that apply):

- | | |
|------------------------------------|---|
| <input type="checkbox"/> Breakfast | <input type="checkbox"/> Dinner |
| <input type="checkbox"/> Lunch | <input type="checkbox"/> Snacks/Takeout |

Number of Units: _____

Seasonal Operation: Yes No Seasonal Period: _____

