



Save Up To \$400

when you purchase
**Hunt's Best Ever or Hunt's
 Conventional Ketchup**

Here's how to get your operator savings:

- 1** Purchase any of the qualifying products between July 1 and Nov. 1, 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 \$400. Minimum rebate offer is \$2.
- 4** All rebates must be postmarked by Dec. 1, 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 **HuntsKetchup2019**.

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 Dec. 1, 2019. VOID IF RESTRICTED OR PROHIBITED BY LAW.



Product Code	Product Description	Pack Size	Per Case Rebate
27000 38493	Hunt's Best Ever Ketchup, Inverted Red Bottle	12/20 oz.	\$3.00
27000 38492	Hunt's Best Ever Ketchup, Inverted Red Bottle	20/14 oz.	\$3.00
27000 38490	Hunt's Conventional Ketchup, Inverted Red Bottle	12/14 oz.	\$2.00

Questions? Call 800-357-6543.

REBATE OFFER

Total # of cases _____ x \$2.00 per case = _____

Total # of cases _____ x \$3.00 per case = _____

Total Amount Due = \$ _____
 (Maximum Rebate \$400 - 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-2377W
 Brownsdale, MN 55918

*Must be postmarked by Dec. 1, 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: _____

