





Eligible Products	
Code	Product Information

## **OPERATOR INFORMATION**

All fields required for redemption.

(Check ONE) I am a Foodservice Operator in the following segment:

College & University	Lodging	B&I
Healthcare	Retirement Living	
Establishment		
Contact Name		
Contact Title		
Mailing Address		
City	State	Zip
Phone		
Email Address*		
Distributor House		
Distributor City	Distributor Sta	ate
DSR Name		
DSR Email* *Provide email to receive additional of		

## **CALCULATE YOUR REBATE**

Product Type	# of cases	\$ per case	Total
	X	=	
Total Cases =	40 cases maximum	Total Rebate = (\$600	maximum)

## **TO RECEIVE YOUR REBATE**











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