



Eligible Products



OPERATOR INFORMATION

I am a Foodservice Operator in:

Restaurant B&I

C-Store Healthcare

College & University Independent Bakery

Lodging Other

Establishment Name

Contact Name Contact Title

Mailing Address

City State Zip

Phone Fax

Email Address

To receive additional offers and communications from General Mills Foodservice

Operator Signature (required)

Chain/Food Management/Buying Group

Distributor House

DSR Email Address

To receive more information related to this rebate and similar products

City State

MAIL WITH PROOFS OF PURCHASE TO:

Must be postmarked on or before

CALCULATE YOUR REBATE

product type	# of cases	\$ per case	
	Х		=
	Х		=
	Х		=
	х		=
	Х		=

Total Cases = Total Rebate =

TO RECEIVE YOUR REBATE









