



# Eligible Products

**Code Product Description** 

Code

**Product Description** 







### **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**

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x =

Total Cases = Total Rebate =

## **TO RECEIVE YOUR REBATE**











