





## **OPERATOR INFORMATION**

All fields required

Check Here: Yes, I am a K-12 Foodservice Operator or USDA Child Nutrition Program Operator
School District Name
Contact Name
Contact Title
Mailing Address
P.O. Box (no P.O. Box unless a physical address is provided above)
City
Phone
Email Address
Co-op/Buying Group/GPO
Distributor House
Distributor City
DSR Name
DSR Email

Product Type	# of cases	\$	per case	Total
		Х	=	
		Х	=	
		Х	=	

**CALCULATE YOUR REBATE** 

Tota	Total Rebate =		
***************************************			
(20 case min/500 case	(\$2,500 maximum)		
	***************************************		

## **TO RECEIVE YOUR REBATE**









