

# Chili SUPREME™

## SOUP SUPREME

# SAVE \$3.00/CASE

**UP TO 50 CASES PER PRODUCT LINE  
(THAT'S UP TO 100 TOTAL CASES)**

This offer is good from  
February 1, 2011 through April 30, 2011

**What you must do to qualify for this rebate:**

- Offer only good on purchases of any SOUP SUPREME and CHILI SUPREME between February 1, 2011 and April 30, 2011.
- Fill in this coupon completely. Coupons must be completed and mailed by foodservice operator only.
- Attach supporting invoices, on which you have circled the varieties purchased, the quantity of cases purchased and the purchase date(s).

Mail to:  
**SOUP SUPREME and CHILI OFFER**  
P.O. Box 458  
Stayton, OR 97383-0458

This coupon and supporting invoices must be postmarked by May 31, 2011. This coupon is not valid with any other coupon or rebate offer for SOUP SUPREME or CHILI SUPREME products.

**Notes:**

- Invoices must be attached to coupon.
- Offer expires April 30, 2011.

- Offer valid for individual foodservice operator establishments only. Offer is not available to distributors, multi-unit chains or products purchased on bid.
- Only original coupons are valid; no copies or reproductions will be honored.
- Void where prohibited, taxed or where distribution is unavailable.
- Regional and national chain account programs are excluded.
- No computer runs will be permitted as proof of purchase; distributor invoices only.
- Coupons filled in, mailed, or submitted for redemption by distributors, redemption services, or any entity other than the foodservice operator, will not be accepted.
- Limit one (1) refund per establishment. Purchases claimed on this offer may not be combined with any other SOUP SUPREME and CHILI SUPREME coupon offer.
- Allow 6-8 weeks to process coupon and receive rebate check.

**PLEASE INDICATE CATEGORY OF YOUR OPERATION:**

- RESTAURANT     COLLEGE/UNIVERSITY     QSR     SUPERMARKET     LODGING     B & I  
 HOSPITAL     C-STORE     VENDING     RECREATION     SCHOOL     NURSING HOME  
 OTHER \_\_\_\_\_

MAIL MY CHECK TO: (Please print clearly)

Make Check Payable To: (Name Of Establishment)

Mailing Address (Street Address Only)

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Your Name \_\_\_\_\_ Title \_\_\_\_\_

Business Telephone \_\_\_\_\_ E-mail \_\_\_\_\_ # of Units \_\_\_\_\_

Distributor \_\_\_\_\_ Distributor Sales Representative \_\_\_\_\_

If you have any questions about this offer, please call **800-733-9311**

**www.norpac.com**

