



Fruit Topping



GRANDE CLASSICS
GOURMET VEGETABLES



Connoisseur
COLLECTION™

SAVE \$2.00/CASE

**UP TO 50 CASES PER PRODUCT LINE
(THAT'S UP TO 150 TOTAL CASES)**

*This offer is good from
February 1, 2010 through April 30, 2010*

What you must do to qualify for this rebate:

- Offer only good on purchases of any Grande Classics, Connoisseur Collection and/or Fruit Topping between February 1, 2010 and April 30, 2010.
- 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).

- Offer expires April 30, 2010.
- 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 Grande Classics, Connoisseur Collection and Fruit Topping offers.
- Allow 6-8 weeks to process coupon and receive rebate check.

Mail to:
Combined Offer
P.O. Box 458
Stayton, OR 97383-0458

This coupon and supporting invoices must be postmarked by May 31, 2010. This coupon is not valid with any other coupon or rebate offer for Grande Classics, Connoisseur Collection or Fruit Topping products.

Notes:

- Invoices must be attached to coupon.

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**

