

Operators Earn Up To \$500

On our NEW Authentic Creole Mustard

March 1, 2024 - June 30, 2024



UPC Code	PRODUCT DESCRIPTION	PACK SIZE	NET WT	CASE CUBE	CASE DIMENSIONS (L X W X H)	TI X HI	CASES/PALLET
10-071998-40020-2	Tony Chachere's Authentic Creole Mustard	4/128 fl. oz.	35 lbs.	0.949	12.5 x 12.5 x 10.5	12 x 4	48

INSTRUCTIONS FOR SUBMITTING THIS REBATE:

1	Use the grids on the front of this page to indicate the number of cases of each product code purchased during the eligible period.
2	Put the total number of cases purchased in the boxes below.
3	Put the total \$ amount of the requested rebate in the boxes below.
4	Complete the contact info (below) and segment info (right) and mail the form, along with required printout/invoice copies, to the address at right.

MAXIMUM PAYOUT IS \$500 / MINIMUM PAYOUT IS \$10

# of Cases:	X \$10.00/CS:	= Total \$:
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Terms and Conditions:

Offer limited to foodservice operators only. Chain operators must participate as single units. Contracted chain and bid accounts cannot participate. Submit this rebate with copies of distributor invoices or distributor printouts verifying valid products were purchased between March 1–June 30, 2024. DISTRIBUTOR PRINTOUTS OR INVOICES MUST INCLUDE THE FOLLOWING OPERATOR INFORMATION: Operator Name, Product Purchased, Number of Cases Purchased, Date the Product was Purchased, Invoice Number and Physical Address. Operators must fill out form themselves. Bulk redemptions by distributors and/or DSRs are not allowed. Request must be postmarked no later than August 15, 2024. Offer not redeemable in conjunction with any other offer. Operators may submit more than once until the maximum dollar amount is met; however, the submission must meet the minimum requirement of \$20. Allow 10–12 weeks for delivery. Incomplete or incorrect submissions will delay payment. Void where restricted, prohibited or banned.

PLEASE MAIL THIS FORM WITH COPIES OF DISTRIBUTOR INVOICES TO:



TONY CHACHERE'S CREOLE FOODS
CREOLE MUSTARD COUPON REDEMPTION
ATTN: GERARD DAIGLE
P.O. BOX 1639
OPELOUSAS, LOUISIANA 70571

PLEASE CHECK THE MARKET SEGMENT YOUR OPERATION/TYPE OF RESTAURANT BELONGS IN:

COMMERCIAL

- ☐ Full Service
☐ Casual Theme
☐ Family
☐ Upscale/Fine Dining
☐ C-Store
☐ Hotel/Motel/Resort

OWNERSHIP

- ☐ Independent
☐ Local/Regional Chain
☐ National Chain

NON-COMMERCIAL

- ☐ College/University
☐ Elementary/Secondary School
☐ Business & Industry
☐ Recreational/Entertainment
☐ Transportation Foodservice
☐ Military/Correctional

OWNERSHIP

- ☐ Contract Management
☐ Self-Operated

Number of meals served per day:

_____ Breakfast _____ Lunch _____ Dinner

Approximate dollar volume annual food/beverage purchases: _____

CHECK WILL BE MAILED TO THE ADDRESS SHOWN BELOW (PLEASE PRINT)

OPERATION NAME:		CONTACT NAME:
E-MAIL ADDRESS:		
OPERATION ADDRESS:		
CITY:	STATE:	ZIP:
TELEPHONE NUMBER:	FAX NUMBER:	
DISTRIBUTOR:	DSR NAME:	