



TWO BUCKS BACK

Don Pepino and Sclafani 6/#10 Sauces

Promotion Period: July 1, 2013 - September 28, 2013

Please indicate the number of cases purchased for each eligible item#. This offer is only valid on the items listed below.

QTY	ITEM #	DESCRIPTION	QTY	ITEM #	DESCRIPTION
_____	61801001	Violet Pizza Sauce Litho Lid - 6/#10	_____	61801007	Don Pepino Pizza Sauce Wrap - 6/#10
_____	61801003	Violet Special Pizza Sauce Litho Lid - 6/#10	_____	61801008	Don Pepino Spaghetti Sauce Litho - 6/#10
_____	61801004	Sclafani Special Pizza Sauce - 6/#10	_____	61801009	Sclafani Spaghetti Sauce - 6/#10
_____	61801005	Don Pepino Pizza Sauce Litho Lid - 6/#10	_____	61801010	Don Pepino Marinara Sauce - 6/#10
_____	61801006	Don Pepino Spaghetti Sauce Wrap - 6/#10			

To receive your rebate, please submit this rebate form, along with copies of your foodservice distributor's invoices as proof of purchase to the address below. Chains and/or multi-unit locations must participate on an individual basis. This offer cannot be combined with any other B&G Foods, Inc. product rebates, allowance, bid program or national account contract. Operators must submit their own payment requests including their authorizing signatures as proof of authenticity. Rebate paperwork deemed as submitted by distributor sales representative on behalf of the operator will be returned to the operator. No hand-written invoices will be accepted. Minimum 5 case purchase or \$10 rebate. Maximum rebate \$250 for promotion period. Limit one rebate offer per customer. Checks will be made payable to the operator (end user) only. Please allow 6 to 8 weeks for your rebate check. **All rebate forms must be received by November 9, 2013.** Offer good only in the U.S and its' territories including Puerto Rico and U.S. Virgin Islands. Void where prohibited, taxed or restricted by law. Neither B&G Foods, Inc. nor its agency is responsible for lost, stolen, destroyed or misdirected mail.

**Please submit all required paperwork to: Don Pepino and Sclafani Rebate Offer,
PO Box 817, East Setauket, NY 11733. A check will be mailed directly to the Operator. Faxes are not acceptable.**

Your Name:	Date Submitted:	
Business Name:		
Business Street Address:		
City / State / Zip:		
Phone:		
Email:		
Primary Distributor and City:		
# Cases Purchased:	x \$2.00 per case =	Total Rebate Requested
Your Signature:		

Type of Business (please check one):

- | | |
|--|---|
| <input type="checkbox"/> Fast Food & Quick Service
<input type="checkbox"/> Casual Dining & Restaurant
<input type="checkbox"/> Schools, College, University | <input type="checkbox"/> Healthcare
<input type="checkbox"/> Hospitality
<input type="checkbox"/> Other (please list) _____ |
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