

LOYALTY COUPON

SAVE \$5.00/CASE

UP TO 50 CASES

This offer is good from
November 1, 2011 through January 31, 2012

What you must do to qualify for this rebate:

- ✳ Offer only good on purchases of any SOUP SUPREME, SCRATCH RECIPE and CHILI SUPREME between November 1, 2011 and January 31, 2012.
- ✳ 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:
WINTER SAVINGS RC 181
P.O. Box 458
Stayton, OR 97383-0458
- ✳ This coupon and supporting invoices must be postmarked by February 28, 2012. This coupon is not valid with any other coupon or rebate offer for SOUP SUPREME, SCRATCH RECIPE or CHILI SUPREME products.
- ✳ Invoices must be attached to coupon.
- ✳ Offer expires January 31, 2012.
- ✳ 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.
- ✳ Accounts receiving ongoing purchasing allowances (CPA) 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, SCRATCH RECIPE 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 OSR SUPERMARKET LOGGING B & I
 HOSPITAL G-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



BOUNTY BUCKS!



**This offer is good from
November 1, 2011 through January 31, 2012**

SAVE \$7.00/CASE

PLEASE INDICATE CATEGORY OF YOUR OPERATION:

- RESTAURANT COLLEGE/UNIVERSITY OSR SUPERMARKET LODGING B & I
 HOSPITAL C-STORE VENDING RECREATION SCHOOLS 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

UP TO 50 CASES

- * **What you must do to qualify for this rebate:**
- * Offer only good on new purchases of any SOUP SUPREME, SCRATCH RECIPE and CHILI SUPREME between November 1, 2011 and January 31, 2012.
- * 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:
WINTER SAVINGS RC 182
 P.O. Box 458
 Stayton, OR 97383-0458

This coupon and supporting invoices must be postmarked by February 28, 2012. This coupon is not valid with any other coupon or rebate offer for SOUP SUPREME, SCRATCH RECIPE or CHILI SUPREME products.

Notes:

- * Invoices must be attached to coupon.
- * Offer expires January 31, 2012.

- * 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.
- * Accounts receiving ongoing purchasing allowances (CPA) 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, SCRATCH RECIPE and CHILI SUPREME coupon offer.
- * Allow 6-8 weeks to process coupon and receive rebate check.



SAVE \$5.00/CASE

UP TO 30 CASES PER PRODUCT LINE (THAT'S UP TO 90 CASES)

This offer is good from
November 1, 2011 through January 31, 2012

What you must do to qualify for this rebate:

- ❖ Offer only good on purchases of any GRANDE CLASSICS, CONNOISSEUR COLLECTION and/ or FRUIT TOPPING listed on this coupon between November 1, 2011 and January 31, 2012.
- ❖ 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:
WINTER SAVINGS RC 183
P.O. Box 458
Stayton, OR 97383-0458

This coupon and supporting invoices must be postmarked by February 28, 2012. This coupon is not valid with any other coupon or rebate offer for GRANDE, CONNOISSEUR COLLECTION OR FRUIT TOPPING products.

Notes:

- ❖ Invoices must be attached to coupon.
- ❖ Offer expires January 31, 2012.

- ❖ 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.
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- ❖ 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.

BOUNTY BUCKS!

FLAVOR PAC
GRANDE CLASSICS
GOURMET VEGETABLES

FLAVOR PAC
Fruit Topping

FLAVOR PAC
Connoisseur
COLLECTION

PLEASE INDICATE CATEGORY OF YOUR OPERATION:

- | | | | | | |
|-------------------------------------|---|----------------------------------|--------------------------------------|----------------------------------|---------------------------------------|
| <input type="checkbox"/> RESTAURANT | <input type="checkbox"/> COLLEGE/UNIVERSITY | <input type="checkbox"/> OTR | <input type="checkbox"/> SUPERMARKET | <input type="checkbox"/> LODGING | <input type="checkbox"/> R & I |
| <input type="checkbox"/> HOSPITAL | <input type="checkbox"/> G-STORE | <input type="checkbox"/> VENDING | <input type="checkbox"/> RECREATION | <input type="checkbox"/> SCHOOL | <input type="checkbox"/> NURSING HOME |
| <input type="checkbox"/> 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: _____ Fax/URL: _____

Distributor: _____ Distributor Sales Representative

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



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- * Allow 6-8 weeks to process coupon and receive rebate check.

Mail to:
WINTER SAVINGS RC 181
 P.O. Box 468
 Stayton, OR 97383-0468

This coupon and supporting invoices must be postmarked by February 28, 2012. This coupon is not valid with any other coupon or rebate offer for SOUP SUPREME, SCRATCH RECIPE or CHILI SUPREME products.

- Notes:
- * Invoices must be attached to coupon.
 - * Offer expires January 31, 2012.

PLEASE INDICATE CATEGORY OF YOUR OPERATION:

- RESTAURANT COLLEGE/UNIVERSITY OSR SUPERMARKET LODGING B & I
 HOSPITAL G-STORE VENDING RECREATION SCHOOL NURSING HOME
 OTHER _____

MAIL MY CHECK TO: (Please print clearly)

Mailing 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

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