



Save Up to \$250 NEW from Avalon Foodservice!

Enclosed are my distributor invoices showing that I have purchased the following product and qualify for this rebate:

AJIWIN Product Code	Product Description	Distributor Product Code	Product Pack	Rebate Per Case
61120	Vegetable Fried Rice	38999	4/3lb Bag	\$3.00



AJINOMOTO WINDSOR

Offer Valid: 2/19/2018 - 5/21/2018

Send Rebate Claim and Proof of Purchase to: Rebate Offer, 1007 South Melrose Street, Placentia, CA 92870 Attn: Rod Turner. Please allow 6-8 weeks for processing. This coupon is good for Foodservice Operators Only. **Velocity Reports will only be accepted as proof of purchase when submitted by an operator. Velocity reports submitted by distributors on behalf of their customers will not be accepted.**

YES! I would like more information. Please have my local representative contact me.

*Name _____ Title _____

*Operation or Establishment Name _____

*Street Address _____

*City _____ *State _____ *Zip _____

*Phone () _____ *Email _____

*Preferred Distributor _____

Broker Name _____ Broker Sales Rep _____

Type of Establishment (check one)

- | | | |
|---|---|---|
| <input type="checkbox"/> Caterer | <input type="checkbox"/> Family/Casual Dining | <input type="checkbox"/> Nursing Home/Care Facility |
| <input type="checkbox"/> Convenience Stores | <input type="checkbox"/> Fine Dining/Dinner House | <input type="checkbox"/> Schools (K-12) |
| <input type="checkbox"/> Deli | <input type="checkbox"/> Fast Food (Quick Service) | <input type="checkbox"/> School District (K-12) |
| <input type="checkbox"/> Drinking Places | <input type="checkbox"/> Cafeteria | <input type="checkbox"/> Vending |
| <input type="checkbox"/> Hotel/Motel | <input type="checkbox"/> Ethnic/Theme/Specialty Rest. | <input type="checkbox"/> Other Food Service |
| <input type="checkbox"/> Recreation/Entertainment | <input type="checkbox"/> College/University | |
| <input type="checkbox"/> Retail Store | <input type="checkbox"/> Correctional Institution | |
| <input type="checkbox"/> Bakery Store | <input type="checkbox"/> Employee Feeder (B&I) | |
| <input type="checkbox"/> Specialty Coffee Shops | <input type="checkbox"/> Hospital | |

Key Concept or Theme (check one)

- Mexican
 Italian
 Steak House
 Pizza
 Asian
 Traditional American
 Seafood
 Other _____

I am directly responsible for food purchasing. I will make a recommendation to the person who is directly responsible for purchasing.

***Required Fields**

Terms and Conditions: Projected rebate amount based on product availability. We reserve the right to limit quantities and correct printing errors. Not valid with any other distributor promotion. Rebate request must be accompanied with invoices: no hand-written invoices will be accepted as proof of purchase. Only restaurant / foodservice operators are eligible to participate; chain or franchise groups are not eligible to participate. Distributors do not qualify as foodservice operators. Offer void where prohibited. In accordance with the Safe Harbor Regulations under the Medicare/Medicaid Anti-Fraud and Abuse Law, you must report discounts, in the form of allowances or rebates in the applicable cost report denoting a reduction in your food costs. Offer good only on those products purchased between 2/19/2018 - 5/21/2018. Must be postmarked by 6/20/2018.