

CONTACT  
NAME  
ADDR1  
ADDR2  
ADDR3



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## THEATRE REBATE REQUEST FORM

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Operators purchasing from Non-Reporting Distributors **MUST FILL OUT AND SUBMIT** this request form at the end of each quarter. Operators who are purchasing from Reporting Distributors listed below do **NOT** need to fill out this form.

**Reporting Distributors:**

CCSI  
Vistar  
Liberty Distribution  
Great Western LLC

The Operator named below hereby requests a Rebate in accordance with the Rebate Program terms described above/attached, as follows:

**A. Operator Information, if different from above: (Please Print)**

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street)

(City) (State) (Zip Code)  
Telephone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_

Email address: \_\_\_\_\_

**B. Eligible Quarter\*\***

Indicate the Eligible Quarter for which a Rebate is requested by checking the appropriate box below:

	<b><u>Eligible Quarter</u></b>	<b><u>Rebate Request Deadline</u></b>
<input type="checkbox"/>	<u>First</u> : 01/01/2017-03/31/2017	04/30/2017
<input type="checkbox"/>	<u>Second</u> : 04/01/2017-06/30/2017	07/31/2017
<input type="checkbox"/>	<u>Third</u> : 07/01/2017-09/30/2017	10/31/2017
<input type="checkbox"/>	<u>Fourth</u> : 10/01/2017-12/31/2017	01/31/2018

\*\* MARS Chocolate NA reserves the right to discontinue this business building program, delete discontinued Product and/or add additional Product upon written notice to participating Operators.

Name: \_\_\_\_\_ (Please Print)

By: \_\_\_\_\_ (Authorized Signature)

Date: \_\_\_\_\_, 2017

# Rebate Request Form

## C. Rebate Purchases

Complete for each Eligible Quarter for which a Rebate is requested.

1. Number of Product SKU's stocked and made available for sale at each theater location on each and every day of the above checked Eligible Quarter (attach an additional sheet if necessary):

<u>Theater Locations</u>	<u>No. of Product SKU's</u>

2. Rebate Purchases: **PEG PACK, SHARING SIZE, GRAB N GO PACKS**

### SHARING SIZE / 2 TO GO / BITES

<u>Item No.</u>	<u>Product</u>	<u>Number of Sleeves/ Cases/ Boxes Purchased</u>	<u>Amount Paid</u>

### PEG PACKS

<u>Item No.</u>	<u>Product</u>	<u>Number of Sleeves/ Cases/ Boxes Purchased</u>	<u>Amount Paid</u>

### GRAB N GO PACKS

<u>Item No.</u>	<u>Product</u>	<u>Number of Sleeves/ Cases/ Boxes Purchased</u>	<u>Amount Paid</u>