



MENU ALLOWANCE PAYMENT REQUEST FORM

To be completed by the Brakebush representative and submitted to Brakebush Marketing Department, Attention: Customer Service Use promo #200 when issuing Chik-Enchecks for Menu Allowances.

Date _____ TSM Cost Center: _____

Brakebush Sales Rep: _____

Business Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Federal Tax ID #: _____

Contact: _____ Phone: _____

Distributor: _____ Customer Number: _____

Menu Allowance Total Amount: \$ _____ (\$25 allowance per recipe used on menu, maximum \$100)

- | | | | | |
|----------------------------------|----------------------------------|----------------------------------|----------------------------------|----------------------------------|
| <input type="checkbox"/> FB5211a | <input type="checkbox"/> FB5213c | <input type="checkbox"/> FB5245f | <input type="checkbox"/> FB5247d | <input type="checkbox"/> FB5249e |
| <input type="checkbox"/> FB5211b | <input type="checkbox"/> FB5213d | <input type="checkbox"/> FB5245g | <input type="checkbox"/> FB5247e | <input type="checkbox"/> FB5249f |
| <input type="checkbox"/> FB5211c | <input type="checkbox"/> FB5213e | <input type="checkbox"/> FB5245h | <input type="checkbox"/> FB5247f | <input type="checkbox"/> FB5249g |
| <input type="checkbox"/> FB5211d | <input type="checkbox"/> FB5245a | <input type="checkbox"/> FB5245j | <input type="checkbox"/> FB5248a | <input type="checkbox"/> FB5249h |
| <input type="checkbox"/> FB5211e | <input type="checkbox"/> FB5245b | <input type="checkbox"/> FB5245k | <input type="checkbox"/> FB5249a | <input type="checkbox"/> FB5252a |
| <input type="checkbox"/> FB5211f | <input type="checkbox"/> FB5245c | <input type="checkbox"/> FB5247a | <input type="checkbox"/> FB5249b | <input type="checkbox"/> FB5793a |
| <input type="checkbox"/> FB5213a | <input type="checkbox"/> FB5245d | <input type="checkbox"/> FB5247b | <input type="checkbox"/> FB5249c | <input type="checkbox"/> FB5793b |
| <input type="checkbox"/> FB5213b | <input type="checkbox"/> FB5245e | <input type="checkbox"/> FB5247c | <input type="checkbox"/> FB5249d | <input type="checkbox"/> FB7205a |

Menu Allowance Program Criteria

- **Copy of menu must be attached to menu allowance request form.**
- Brakebush name and/or logo must be used on menu.
- Limit of one menu allowance per recipe per year per operator (max. 4 or \$100 rebate allowance).
- Multiple locations limited to 10 stores.
- Promotion does not apply to distributors, commissaries or wholesale clubs.
- Please allow 4-6 weeks for processing.
- Not valid in conjunction with any other Brakebush Menu Allowance program.

For payment remit to: Brakebush Brothers, Inc.
N4993 6th Dr.
Westfield, WI 53964
Attn: Customer Service
or see your Brakebush representative



Brakebush

800-933-2121

www.brakebush.com

FOR OFFICE USE ONLY:

Chik-Encheck # _____

Cost Center _____

TSM _____