



Kraft Rebate Form

1. Theatre Chain Name: _____
2. Contact: _____
3. HQ Address: _____
4. HQ City: _____ HQ State: _____ HQ ZIP: _____
5. # of locations: _____ # of Screens: _____
6. Contact Email Address: _____
7. Contact Phone #: _____
8. Theatre Distributor (s):
 - a. _____
 - b. _____
 - c. _____
9. Products Used:
 - a. _____ Bag: _____ Box: _____
 - b. _____ Bag: _____ Box: _____
 - c. _____ Bag: _____ Box: _____
 - d. _____ Bag: _____ Box: _____
 - e. _____ Bag: _____ Box: _____
 - f. _____ Bag: _____ Box: _____

